

**DELIA MEMORIAL SCHOOL (BROADWAY)**Notice to parents / guardians27<sup>th</sup> October, 2025

Dear Parents / Guardians,

**Tourism and Hospitality Disneyland Hong Kong Visit**

Your child / ward will take part in the THS Disneyland Hong Kong Visit organized by the school.

It is an learning activity to enrich subject knowledge. Details are as follows:

<b>Date:</b>	<b>10<sup>th</sup> January, 2026 (Saturday)</b>
<b>Venue:</b>	Hong Kong Disneyland
<b>Gathering Place / Time:</b>	Disneyland entrance / 09:30 a.m. (Late-comer will not be able to join, and no refund will be offered)
<b>Dismissal Place / Time:</b>	Disneyland entrance / 01:30 p.m. (Students can stay for fun after the learning activity, please discuss with your child about this)
<b>Expense:</b>	<b>\$200</b> (Original price is \$485, the school will sponsor \$285 for each. If your child is absent without a proper reason, no refund will be given and you may be responsible for paying the full price.)
<b>Remarks:</b>	<b>Students must</b> 1. wear P.E. uniform upper shirt and any decent long jeans 2. bring their student card and HKID 3. attend as part of their school day. <b>NO REFUND</b> will be given.

Please return the reply slip to your THS teacher on or before **30<sup>th</sup> October, 2025**. Please remind your child / ward to attend the activity punctually and beware of safety.

Thank you for your kind attention.

Yours faithfully,



K.C. Lo

Principal

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**Reply Slip (PN\_2526\_073)**

**Re: Tourism and Hospitality Disneyland Hong Kong Visit**

Date: \_\_\_\_\_

Dear Principal,

I **agree / disagree\*** my child / ward \_\_\_\_\_ of S6 \_\_\_\_\_ ( ), to participate in the THS Disneyland Hong Kong Visit, and to submit the **\$200** fee for joining the activity.

**Students should be aware of their health conditions and consider whether it is suitable for them to enroll in this activity. In case of doubt, please consult a doctor prior to the enrollment of activity.**

**I declare that: My Child is healthy, physically fit, and suitable to participate in the above activity.**

Signature of Parent / Guardian: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_