

## DELIA MEMORIAL SCHOOL (BROADWAY)

Notice to parents/guardians10<sup>th</sup> November 2025

Dear Parents / Guardians,

**FGG Career Exploration Workshop**

Your child/ward \_\_\_\_\_ of S \_\_\_\_ ( ) will take part in the FGG Career Exploration Workshop organized by the FutureGen Girls Foundation (FGG).

Details are as follows:

<b>Date:</b>	12 <sup>th</sup> November 2025 (Wednesday)
<b>Venue:</b>	Delia Memorial School (Broadway)
<b>Gathering Place / Time:</b>	Delia Memorial School (Broadway) / 2:25 p.m.
<b>Dismissal Place / Time:</b>	Delia Memorial School (Broadway) / 4:00 p.m.
<b>Dressing:</b>	<b>Full School Uniform</b>

Please sign this reply slip to Ms. Yiu or Ms. Wong through e-class system **on or before 12<sup>th</sup> November 2025**. Please remind your child / ward to attend the activity punctually and beware of safety and discipline.

Thank you for your kind attention.

Yours faithfully,

  
K.C. Lo  
 Principal

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**Reply Slip (PN\_2526\_094)**

**Re: FGG Career Exploration Workshop**

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

Dear Principal,

Thank you for arranging the activity.

I will remind my child/ward \_\_\_\_\_ of S \_\_\_\_ ( ) to take part in the event.

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

**I declare that: I am /My Child is healthy, physically fit, and suitable to participate in the above activity. School shall not be liable for any injury or death which I may suffer in this activity. If the cause of injury or death is due to my own negligence or inadequacy in health and fitness.**

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

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