

## DELIA MEMORIAL SCHOOL (BROADWAY)

Notice to Parents / Guardians20<sup>th</sup> November, 2025

Dear Parents / Guardians,

**Geography Field Study to Sham Shui Po District**Your child / ward will take part in the activity: Geography Field Study to Sham Shui Po District.

Details are as follows:

<b>Date:</b>	25 <sup>th</sup> November, 2025 (Tuesday)
<b>Venue:</b>	Sham Shui Po District
<b>Gathering Place:</b>	Delia Memorial School (Broadway)
<b>Dismissal Place:</b>	Sham Shui Po MTR Station
<b>Time:</b>	8:45 a.m. – 5:00 p.m.
<b>Remarks:</b>	A) Students must wear P.E. uniform and a pair of comfortable shoes. B) Students must bring enough water. C) Students must bring their stationary.
<b>Lunch arrangement:</b>	Student will have 1-hour lunch time. Student can bring their own lunch box.
<b>Bad weather arrangement:</b>	<b>When the weather condition is not suitable for outdoor activity, the above field study will be postponed. Students have to stay in school and resume normal lesson.</b>

Please kindly sign and return the reply slip via the eclass app **on or before 24<sup>th</sup> November, 2025**. Kindly 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

**Reply Slip (PN\_2526\_107)****Re: Geography Field Study to Sham Shui Po District**

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

Dear Principal,

I agree my child / ward \_\_\_\_\_ of S6 \_\_\_\_\_ ( ) to take part in the mentioned Geography Field Study.

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

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

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