

# 天主教慈幼會伍少梅中學

SALESIANS OF DON BOSCO NG SIU MUI SECONDARY SCHOOL

地址：香港新界葵涌葵合街三十號 Address: 30 Kwai Hop Street, Kwai Chung, N.T., Hong Kong.  
網址 Web Site: <http://www.sdbnsm.edu.hk> 電話 Tel: (852) 2425 8223 傳真 Fax: (852) 2489 0921

通告編號：2021/75

敬啟者：

## 參觀香港教育大學

本校為使 貴子弟對本地升學前景有更深入的认识，特為同學安排前往香港教育大學。活動期間，校方安排了同學參與由教育大學教授的一課，與教大學生對談「夢想校園」。是項活動由本校老師帶領，詳情茲列如下：

地點：香港新界大埔露屏路十號

日期：二零二一年四月十二日（星期二）

集合時間及地點：下午一時正，學校禮堂底

解散時間及地點：下午五時正，學校禮堂底

參與班別：5A & 5B

請 貴家長簽署回條，交 貴子弟於四月十二日或以前交給李港勝老師。

此致

貴家長



校長 李建文謹啟

二零二一年三月三十一日



回 條

通告編號：2021/75

## 參觀香港教育大學

（請於四月十二日或以前交給李港勝老師）

敬覆者：

本人已閱覽 貴校於二零二一年三月三十一日發出之「參觀香港教育大學」通告，本人同意 小兒參與學校所安排的上述活動。

此覆

天主教慈幼會伍少梅中學校長

中( ) 班 學生 \_\_\_\_\_ 學號( )

學生手提電話 \_\_\_\_\_

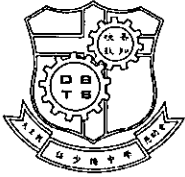
監護人 / 家長姓名 \_\_\_\_\_

緊急聯繫電話（監護人 / 家長） \_\_\_\_\_

監護人 / 家長簽署

謹覆

二零二一年 \_\_\_\_ 月 \_\_\_\_ 日



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Cir.: 2021/75  
31<sup>st</sup> March 2021

Dear Parents / Guardians,

## Visit to the Hong Kong Education University

To let the students have a better understanding of the prospect of pursuing further education in Hong Kong, the school has organized a visit to the Hong Kong Education University. During the visit, our students will have the opportunity to attend a lesson and exchange views on “dream school” with the university students . Details are as follows:

Date: 13<sup>th</sup> April 2021 (Tuesday)

Venue: 10 Lo Ping Road, Tai Po, New Territories, Hong Kong

Meeting Time & Place: 1:00 p.m. at the school covered playground

Dismissal Time & Place: 5:00 p.m. at the school covered playground

Teaching staff in charge: Mr Lee Kong Shing

Participating students : all students in S5A & S5B

Please sign and return the reply slip to Mr Lee Kong Shing on or before 12 April 2021.

Yours faithfully,



Mr LI Kin Man  
(Principal)

-----Reply Slip-----

### “Visit to the Hong Kong Education University”

Cir.: 2021/75

(Please return the completed reply slip to Mr Lee Kong Shing on or before 12 April 2021)

Dear Principal,

I acknowledge the details of this circular. I agree my son to visit the Hong Kong Education University.

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_ Class No. : (     )

Student’s Mobile Phone Number (if applicable): \_\_\_\_\_

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

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

Mobile Phone Number of Parent/Guardian (for emergency): \_\_\_\_\_

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