



港九街坊婦女會孫方中書院
H.K. & Kln. Kaifong Women's Association
Sun Fong Chung College

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新界大埔公路大埔滘段 4643 號

Website: <http://sunfc.school.hk>

14-15 School Circular No.29

1st June, 2015

Dear Parents/ Guardians,

Jump Rope for Heart Program

I am pleased to inform you that our school has joined the Jump Rope for Heart Program (JRFH) this academic year. Its mission is to motivate our young generation to develop a heart healthy lifestyle through physical exercise, thus reducing the risk of heart disease and stroke. We hope that this interesting and meaningful program could gain your full support.

As JRFH is a long-term heart health promotional program, it requires your support in raising fund for its operation. We hope that you would allow your children to take part in this meaningful fund raising activity. Please note that it is on a voluntary basis. Nevertheless, please help to disseminate the heart health message to your friends and relatives.

Please complete the reply slip and return to the class teacher(s) together with the money raised on 2nd June 2015 (Tuesday)

Thank you for your kind attention and co-operation. Your support will make a difference to the heart health promotion in Hong Kong.

Ng Siu Ki
Principal



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14-15 第二十九號通告

敬啟者：

「跳繩強心」計劃

本校一直十分關注學生的均衡發展，也非常支持有益於學童身心健康的活動。為了讓學生認識健康的生活模式及鼓勵他們養成經常運動的習慣，以減少日後患上心臟病的危機，本校決定參加由香港心臟專科學院主辦的「跳繩強心」計劃。

這個計劃將在香港長期推行，讓更多學童獲益。為了協助香港心臟專科學院籌募經費，本校將繼續推行「跳繩強心」計劃及其他心臟健康推廣活動，希望閣下准許貴子弟參加及給予捐助。

參與籌款活動與否，則取決於家長和學生，每位參與學生將會向家人及親友募捐，並將介紹心臟健康的訊息予捐款者。本校非常感謝閣下和貴子弟的支持，冀大家同心協力，做好預防學童心臟病的工作。

煩請閣下填妥回條，並於六月二日(星期二)攜同捐款交予班主任，以憑辦理。

此致
各位家長

校長

吳少祺謹啟

二零一五年六月一日

_____ June, 2015

回條
Reply Slip

敬覆者：
Dear Principal,

貴校二零一五年六月一日第二十九號通告有關「跳繩強心計劃」事宜，業經知悉。

I have been clearly informed about the matters listed in School Circular No. 29 'Jump Rope for Heart Program'.

☐ 本人同意敝子弟為「跳繩強心」計劃籌款，並籌得港幣_____，煩請查收。
I agree to have my child raise fund for the Jump Rope for Heart Program. Please find enclosed HK\$_____ being the fund raised.

☐ 本人不同意敝子弟為「跳繩強心」計劃籌款。
I do not agree to have my child raise fund for the Jump Rope for Heart Program.

此覆

孫方中書院吳少祺校長

家長簽署
Signature of Parent/ Guardian : _____
家長姓名
Name of Parent/ Guardian : _____
學生姓名
Name of Student : _____
班別及班號
Class and Class Number : _____ ()

二零一五年六月____日