



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

4643 Tai Po Road, Tai Po Kau, Tai Po, N.T.

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19-20 第3號通告

敬啟者：

體育課家長同意書

為使本校學生在德、智、體、群、美各方面均得到良好發展，所有同學都必須上體育課，並參與學校舉辦的運動及活動，如體適能獎勵計劃、陸運會等。惟閣下必須注意貴子弟的健康情況，如貴子弟有任何疾病，應先徵詢醫生意見才參與體育活動，若貴子弟需要申請暫時或長期豁免出席體育課，務必請出示註冊醫生之證明書。

懇請閣下填妥附頁之「學生健康調查表」，並連同本回條於九月三日(星期二)交回班主任。若發現貴子弟健康狀況有任何改變，祈請立刻通知，俾便安排。

此致
各位家長

校長

吳少祺謹啟

二零一九年九月二日



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19-20 School Circular No.3

2nd September 2019

Dear Parents/ Guardians,

Attendance of Physical Education Lessons

To ensure all-round development in schooling, all students are required to participate in Physical Education (P.E.) lessons as well as other physical activities like Physical Fitness Award Scheme and Athletics Meet. However, parents are strongly advised to pay attention to their children's health condition. If your child is suffering from any illnesses, please consult your family doctor before allowing him/her to participate in any physical exercise. If your child needs to apply for temporary or long-term exemption from attending P.E. lessons, please present, on his/her behalf, a medical certificate issued by a recognized medical practitioner.

Please complete and return the attached "Student's Health Record" together with the reply slip to the class teacher on Tuesday, September 3, 2019. Prompt notification to the school is expected should there be any changes in your child's health condition.

Thank you for your kind attention.

Yours faithfully,

S. K. Ng
Principal

_____ September 2019

回條
Reply Slip

敬覆者：
Dear Principal,

有關 貴校二零一九年九月二日第3號通告「體育課家長同意書」事宜，業已知悉，本人同意子女：

I have been clearly informed about the matters listed in School Circular No.3 “Attendance of Physical Education Lessons”.

- 上體育課及參與體育活動。*
My child would be able to participate in P.E. lessons and other physical activities.
- 不適宜上體育課或參與體育活動，並附上註冊醫生證明書。*
My child is not suitable to participate in P.E. lessons or other physical activities. Attached is a medical certificate issued by a recognized medical practitioner.
- 暫由 _____ 至 _____ 豁免出席體育課，並附上註冊醫生證明書。*
From _____ to _____, my child would like to be exempted from attending P.E. lessons. Attached is a medical certificate issued by a recognized medical practitioner.

* 請在適當的方格內加上 ✓號及填上適當資料

Please put a “✓” in the appropriate box.

此覆

港九街坊婦女會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：_____ 班別：_____ ()

Name of Student: _____

Class: _____ ()

二零一九年九月____日