



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.

新界大埔公路大埔滘段 4643 號

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22-23 School Circular No.11 (S3)

26th September, 2022

Dear S3 Parents/ Guardians,

School Picnic (S3)

In order to provide students with a balanced development and to implement life-wide learning in school, the College is going to organize an outing on 14th October, 2022 (Friday). Details of the outing are as follows:

Venue: Stanley

Place / Time of Gathering: The College / 8:05a.m.

Place / Time of Release: The College / Tai Po / 3:45p.m.

Fee: Free

Lunch: Self-arranged

Outfits: summer sports tops, winter sports pants and sports shoes

The School Picnic is part of the school curriculum and is considered a normal school day. Hence, all students are expected to participate. If your child does not participate for special reasons, he or she is required to stay at school in school uniform for self-study. In case of sick leave, a medical certificate is required. Any absence without proper notification shall be considered as truancy. Please complete and return the attached reply slip to the class teachers on 27th September, 2022 (Tuesday).

Thank you for your kind attention.

Yours faithfully,

S.K. Ng
Principal



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22-23 第 11 號通告(中三)

敬啟者：

學校旅行日(中三)

為使學生身心獲得均衡發展，落實全方位學習，本校將於二零二二年十月十四日(星期五)舉行學校旅行日，詳情如下：

地點：赤柱

集合地點 / 時間：本校 / 上午八時零五分

解散地點 / 時間：本校 / 大埔 / 下午三時四十五分

費用：全免

午膳：自備食物

服裝：夏季運動服上衣、冬季運動褲及運動鞋

是次活動屬戶外旅行活動，當天亦為本校之上課天，所有同學必須出席。如遇特殊原因而不出席者，須於當天穿著整齊校服回校溫習。如因病請假，須具醫生證明書。未經批准而缺席者作曠課論。煩請 貴家長將填妥之回條於九月二十七日(星期二)交予班主任，以憑辦理。

此致
貴家長

校長

吳少祺謹啟

二零二二年九月二十六日

_____ September, 2022

回條
Reply Slip

敬覆者：

Dear Principal,

貴校二零二二年九月二十六日第十一號通告有關「學校旅行日(中三)」事宜，業已知悉，本人 *同意 / 不同意 敝子弟參加學校旅行日。

I have been clearly informed about the matters listed in School Circular No.11 “School Picnic (S3)”. I agree/ disagree * that my child participates in the activities held on that day.

- ☐ 回程在大埔墟火車站解散。
My child will be dismissed at Tai Po Market MTR Station after the event.
- ☐ 回程在大埔中心解散。
My child will be dismissed at Tai Po Centre.
- ☐ 回程在本校解散。
My child will be dismissed at The College.

*請刪去不適用者

*Please delete where inappropriate.

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

Name of Student : _____

班別及班號

Class and Class Number : _____ ()

二零二二年九月____日