

**Holy Family School**

**School-based After-school Learning and Support Programmes & Non-Chinese Speaking students**  
**A visit to the Tao Heung Museum of food Culture & Hong Kong Heritage Museum (Notice 1663)**

Dear Parents / Guardians,

23<sup>rd</sup>February, 2017

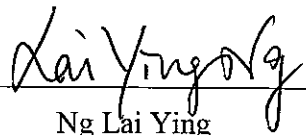
We are going to hold a “A visit to the Tao Heung Museum of food Culture & Hong Kong Heritage Museum” for students who currently take part in the captioned programmes so as to enrich their personal experience outside academic studies. The arrangements are as follows:

Date	: Saturday, 4 <sup>th</sup> March, 2017	
Time	: 8:10a.m.-5:20p.m.	
Venue	: Tao Heung Museum of food Culture & Hong Kong Heritage Museum (Exhibition of Bruce Lee: Kung Fu • Art • Life)	
Teacher in charge	: Miss Chan Hoi Ying (School Social Worker), Miss Wong Wing Kwan, Miss Chiang Siu Ching	
Time/Programme	8:10 a.m.	Peng Chau playground (Please be punctual)
	*8:20 a.m.	Take the ferry to Central
	*4:45 p.m.	Take the ferry to Peng Chau (Note: If there is any delay, teachers and students will take the 5:30 p.m. ferry)
	5:20 p.m.	Dismissal at Peng Chau pier
Fee	: Free of charge (Students should pay the ferry fare)	
Remarks	: 1. Please wear PE uniform, bring a bottle of water, snacks, jacket and an octopus card. 2. Lunch is paid by the school 3. During the visit, students should obey the rules and instructions given by the staff and teachers.	

Please hand in the reply slip to the class teacher. Any enquiries, please call Miss Chan Hoi Ying on 2983-0785. Thank you for your attention.

Yours faithfully,





Ng Lai Ying  
Principal

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**Reply Slip**

Dear Principal,

I have read the school circular (1663):

- \*  I agree to my child attending the visit to the Hong Kong Heritage Museum & Tao Heung Museum of food Culture
- I do not agree to my child attending the visit to the Hong Kong Heritage Museum & Tao Heung Museum of food Culture

After the activity, my \* son / daughter will \* go home themselves / be picked up by parents/guardians.

Name of student: \_\_\_\_\_ ( )

Parent's Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

(\*Tick the appropriate box)