

## THE CHURCH OF CHRIST IN CHINA HEEP WOH COLLEGE

## 中華基督教會協和書院

2020-2021

Circular No.49 (第四十九號通告)

171 PO KONG VILLAGE RD., TSZ WAN SHAN, KLN., HKSAR

Yours faithfully,

Dr. Chu Kai Wing

香港九龍慈雲山蒲崗村道一七一號

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Dear Parents/Guardians,

\*Please "✓" the appropriate box.

29th June, 2021

## S1 to S3 Post-Exam Activities

Post-exam activities will be held on 6<sup>th</sup>July, 2021 and 12<sup>th</sup>July, 2021. S1 to S3 students please attend your sessions as follows:

Date	Activity Name	Class & Activity Time		Roll Call Time	Roll Call Venue
6 <sup>th</sup> July, 2021	Inter-house Mathematics Competition	S1	11:00-12:00	11:00	Classrooms
		S2	10:00-11:00	10:00	
		S3	9:00-10:00	9:00	
12 <sup>th</sup> July, 2021	Performance Appreciation	S1	11:00-12:00	11:00	Classrooms
		S2	10:00-11:00	10:00	
		S3	9:00-10:00	9:00	

If there is no special reason, students must participate in the activities. In case of sick leave, a doctor's certificate needs to be presented for permission.

Please kindly acknowledge receiving this circular by returning the completed Reply Slip to the class teacher(s) the next day after it is distributed.

Principal This circular is posted on the school website (http://www.ccchwc.edu.hk) Archi ter to Parents Reply Slip (Please next day after it is distributed.) (Circular No. 49) Dear Principal, I acknowledge your notice concerning the S1 to S3 Post-Exam Activities. I \* □ give permission  $\square$  do not give permission (reason: to my child to participate in Post-Exam Activities. Signature of Parent/Guardian Name of Parent/Guardian Class & Class No. Date Name of Student

## 中一至中三級試後活動日事宜

本校訂於二零二一年七月六日及七月十二日,為中一至中三級學生安排試後活動。 貴子弟需參與以下試後活動。

日期	活動名稱	班別及活動時間		點名時間	點名地點
七月六日(星期二)	四社數學比賽	中一	11:00-12:00	11:00	課室
		中二	10:00-11:00	10:00	
		中三	9:00-10:00	9:00	
七月十二日(星期一)	表演欣賞	中一	11:00-12:00	11:00	課室
		中二	10:00-11:00	10:00	
		中三	9:00-10:00	9:00	

試後活動日為學生提供全人發展的機會。如無特殊原因,學生必須參加,病假須具醫生證明書。

懇請 台端於翌日將回條交給班主任,多謝合作。

此致

貴家長

		校長	朱啟榮	博士	謹啟
二零二一年六月二十九日					
本通告可參閱本校網頁 (http://w	ww.ccchwc.edu.hk) Archiv	es / Lett	er to Pare	nts	
	— — — — — — — — — — — — — — — — — — —		(請於翌)	————	— — 任主 <i>任)</i>
敬覆者:頃接來函,本人已得悉  本人同意  本人不同意 (原因: 敝子弟參加試後活動。		試後活動	事宜。		_)
此致 朱啟榮校長					
家長或監護人姓名	—————————————————————————————————————				
 學生姓名	() 班別及學號		日	期	
* 請於適當空格內加上√號。					