

中華基督教會望覺堂啟愛學校家長教職員會
C. C. C. Mongkok Church Kai Oi School Parents and Staff Association

九龍旺角西洋菜街 111 號
111 Sai Yeung Choi Street,
Mongkok, Kowloon.

電話 Tel: 2393 0119
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To: Parents / Guardian

Date: 6/11/2017

CIRCULAR NO.: 14/003E

Re: **2017 International Rehabilitation Day – “Parent & Child, free visit to the Ocean Park”**

In response to the “2017 International Rehabilitation Day”, the “Yau Tim Mong District Committee” arranges the captioned activity and invites our students and their parents to join. Details are listed as follows:

Date	: <u>19th November, 2017 (Sunday)</u>
Venue	: Ocean Park
Time & Venue for Assembly	: 8:45a.m. Ground Floor, Kai Oi School
Departure Time	: 9:00a.m. Main entrance of Kai Oi School
Time for leaving	: Subject to the decision of parents (Parents need to arrange their ways and time for leaving Ocean Park)
Capacity	: <u>28 pairs of parent & child (1 parent accompanies with 1 student.</u> In case of over enrolment, lucky draw method will be used)
Fee	: Free of charge
Free items	: a. <u>single way coach</u> , from school to Ocean Park <u>ONLY</u> (sponsored by our PSA) b. Each participant will have 1 <u>free admission ticket</u> & 1 <u>free lunch coupon</u> (sponsored by the “YTM District Committee”)
Costume	: <u>casual wear</u> , sport shoes
Stuff suggested to bring	: A bottle of water, cap / umbrella, suntan lotion & octopus
Teacher led	: Mr Aaron CHENG, Mr Chi-cheong WU
Enquiry	: Please call Mr CHENG at 2393-0119 during the office hours.
Remark	: Please <u>return the reply slip</u> to class teacher <u>on or before</u> <u>13th November, 2017 (Monday).</u>

14th PSA Committee, Kai Oi School

CIRCULAR NO. 14/003E

REPLY SLIP

2017 International Rehabilitation Day – “Parent & Child, free visit to the Ocean Park”

To: KOS Parents & Staff Association

I, parent / guardian of _____ (Class & Name of student) hereby reply that:

* We shall join / We shall not join the visit to the Ocean Park on 19th November, 2017 (Sunday).

Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____

Date: _____

* Delete whichever is inapplicable

(Please return the reply slip to the school social worker, Mr Aaron CHENG)