



**Cheung Sha Wan Catholic Secondary School**  
**Parental Consent for Outdoor Activities**

Serial No.: 310

Date: 18<sup>th</sup> May, 2017

Dear Parent,

**Tai Po Field Study**

Fieldwork provides students with opportunities to apply the knowledge learned in the classroom to the real world, and through this to acquire new concepts. Our school is going to organize a field trip. Details are as follows:

- |                               |   |
|-------------------------------|---|
| (1) Organizing Panel:         | Geography                                     |
| (2) Teacher-in-charge:        | Yik Lai Ha                                    |
| (3) Date:                     | 20 <sup>th</sup> June, 2017 (Tuesday)         |
| (4) Place:                    | Tai Po  |
| (5) Fee:                      | \$0 (Our school has subsidized the coach fee) |
| (6) Assembly time and place:  | 8:00 a.m. at school entrance                  |
| (7) Dismissal time and place: | 1:45 p.m. at school                           |
| (8) Participants:             | 29 F.4 Geography students                     |

Your child has been invited to participate in the said activity. Please return the following reply slip to the Miss Yik on or before 19<sup>th</sup> May, 2017.

- Note:
1. Participants should bring the necessary food & drinks, raincoat/ umbrella, sports shoes suitable for outing in cold weather.
  2. In case of cancellation of the activity due to bad weather, the school will inform the parents timely.

For further enquiries, please contact Miss Yik at 27415034.

Yours faithfully,

Poon Shing Kai  
Principal

**Reply Slip**

Serial No.: 310

Dear Principal,

**Tai Po Field Study**

This is to confirm that I acknowledge the details of the visit to the field study on 20<sup>th</sup> June, 2017 and allow/ does not allow\* (\*please delete where inappropriate) my son to participate in the activity. I will remind my child to pay attention to his personal safety and follow the instructions of the teachers. In case of accidents during the activity, I agree to let my child receive appropriate first aid.

Student's name: \_\_\_\_\_ Class : \_\_\_\_\_ Class no: \_\_\_\_\_

Student's mobile phone number: \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_ Signature of Parent/ Guardian: \_\_\_\_\_

Parent's/ Guardian's\* mobile phone number: \_\_\_\_\_ (emergency)

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