



Cheung Sha Wan Catholic Secondary School

Serial No. : 223

Dear Parents / Guardians,

Form 2 Life Education Day Camp

The school shares the universal mission of Catholic Schools in the education of the whole person. Apart from providing an excellent academic education and a school environment conducive to learning, we also aims at cultivating positive values and service spirit in students.

In order to build up their self-confidence and broaden their views of life, the school is going to organize a life education day camp for all F.2 students. The details are as follows:

Date : 6th April, 2018 (Fri)
 Venue : Po Leung Kuk Pak Tam Chung Holiday Camp
 Meeting Time & Place : 8:30am, School
 Dismissal Time & Place : 5:00pm, School entrance
 Fee : \$150.00 (including accommodation, meals, activity and travelling expenses)

The above activity is a part of the life education curriculum and therefore compulsory. If your son is unavailable for the whole or any part of the activity, please submit a letter of excuse to the Principal in advance. Families which are experiencing financial difficulties can apply for full subsidy. Application forms can be obtained from the General Office which should be duly completed and returned together with the reply slip.

Fees will be collected through the Auto-Pay system of local banks on 9 March 2018 (Friday). Please ensure sufficient amount in your bank account for successful payment; otherwise, additional administration fees will be charged by your banks. For any queries, please contact Ms. Ma (general office) at 2741 5034.

Yours faithfully,

Poon Shing Kai Calepodius

FN17-34/LIFE EDU/F.2/CSY/010318

Serial No. : 223

Reply Slip Form 2 Life Education Day Camp

I acknowledge receipt of the letter about Form 2 Life Education Day Camp dated 1 Mar 2018. 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 Name : _____ Class : _____ () Signature of Parent : _____

Name of Parent : _____ Contact No. of Parent : _____

Date: _____

FN17-34/LIFE EDU/F.2/CSY/010318



長沙灣天主教英文中學

通告編號：223

敬啟者：

中二生命教育日營

踏入中二生涯，「長天」除了一直為學生提供良好的學習機會和環境外，亦希望透過不同的活動去讓他們環視身處的世界，啟發心靈，培養正面的人生態度。本校特舉辦生命教育日營，學生可藉此重新審視自己，為人生定立方向，有關詳情如下：

日期：2018年4月6日（星期五）
營地：保良局北潭涌渡假營
集合時間及地點：上午8時30分，學校
解散時間及地點：2018年4月6日（星期五）下午約5時，學校
費用：\$150.00（包括日營費、膳食及活動費用、來回車費）

中二學生必須參加上述活動。如未能參加上述活動任何部分，家長須事先向校長呈交信件說明原因。「書簿津貼全免」學生及「綜合社會保障援助（綜援）計劃」家庭，可受「賽馬會全方位學習基金」全額資助。其餘有經濟困難的學生，亦可申請此基金，申請表可往校務處索取，並於遞交回條時一併交回。

本校將於2018年3月09日（星期五）後透過銀行自動轉賬收取有關費用，敬請貴家長注意銀行戶口必須於當天備有足夠的金額，以免銀行收取存款不足的手續費。如有任何查詢，請致電2741 5034與校務處馬小姐聯絡。

此致
貴家長

校長 潘盛楷 謹啟

二零一八年三月一日

FN17-34/LIFE EDU/F.2/CSY/010318

通告編號：223

回條

中二生命教育日營

本人已得知有關貴校中二生命教育日營事宜。本人定必督促小兒注意個人安全及遵從校方指示。在活動期間，如有意外，本人亦同意敝子弟接受必須之急救。

學生姓名：_____ 班別：_____（ ） 家長簽署：_____

家長姓名：_____

家長聯絡電話：_____

二零一八年_____月_____日

FN17-34/LIFE EDU/F.2/CSY/010318

Cheung Sha Wan Catholic Secondary School
Form 2 Life Education Day Camp (17-18)

Date: 6th Apr.2018 (Fri)

Meeting Time & Place - 8:30am, School

Dismissal Time & Place - 5:00pm, School

Points to note:

1. Please put on casual wear. (Long trousers and sports shoes. No shorts, tight fitting jeans or slippers)
2. You are advised to bring along the following items:
Water bottle, umbrella, pen , snacks, mosquito repellent, sunblock lotion, sun cap , sun glasses, one set of clean alternative clothes, small amount of cash / Octopus card / Don't bring along valuables
3. Camping site will provide meals. Please notify your class teacher in advance if you are vegetarian or you are allergic to certain kinds of food. You may prepare your own meals in such case.
4. Please complete the Health Declaration Form and hand in to your class teacher.

Adverse Weather Arrangement: Follow the guideline of Education Bureau

Emergency Contact No.: Camping Site: 2792 4302

Teacher-in-charge: 9888 6475 (Miss Chan Shuk Yi)

(Please cut the completed Health Declaration Form on the right hand side and submit to your class teacher)

Health Declaration Form

[Please submit this page]

To ensure your safety, we would like to have more information about your health. Please fill in the following table. All information will be kept strictly confidential. Thank you for your co-operation.

Name: _____ Age: _____ Sex: _____

Date of filling in the information: _____ (Date)/ _____ (Month) / _____ (Year)

Please tick as appropriate:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you have any cardiovascular diseases?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you always feel pain in heart or chest?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you always experience dizziness or have a record of episodic dizziness?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you have high blood pressure?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have skeletal or joint problem(s), (e.g. Arthritis) which was caused by physical activities or would be worsened by physical activities?
<input type="checkbox"/>	<input type="checkbox"/>	6. Except the above, do you have any other health problems that refrain you from vigorous physical activities? Please specify: _____

If any answer of the above questions is "yes", you should consult your doctor.

Signature of
participant :

Name of
participant :

Date :

Signature of
parent :

Name of parent :

Date :

長沙灣天主教英文中學
中二級生命教育日營 (17-18)

活動日期：2018年4月6日(星期五)

集合時間及地點：上午8時30分，本校

解散時間及地點：下午約5時 學校大門

備忘事項：

1. 請穿著輕便服裝 (長褲及運動鞋，不宜穿著短褲或緊身牛仔褲或拖鞋)
2. 建議可攜物品：水壺 / 雨具 / 筆 / 乾糧 / 防蚊物品 (蚊怕水) / 防曬物品 (太陽油、太陽帽、太陽眼鏡) / 一套乾淨替換衣物(如有需要) / 適量現金 / 八達通 / 不要攜帶貴重物品
3. 營舍只會提供一般膳食，學生如有特殊需要，如茹素者或對某類食物有敏感者，須預先申報以便安排，有必要時亦可自備食物
4. 須填妥健康申報表，並交回班主任

惡劣天氣情況安排：依照教育局指引

緊急聯絡電話 - 營舍：2792 4302

負責老師：9888 6475

(陳淑怡老師)

(請填妥及剪下右頁的「健康申報表」，並交給班主任)

個人健康狀況調查

為確保閣下之安全，本校希望了解你的健康狀況，作為釐定訓練難度調節之參考，請填寫以下調查表，其內容絕對保密。多謝合作。

姓名：_____ 年齡：_____ 性別：_____ 填表日期：_____年____月____日

在未開始活動之前，請先回答下列問題，請用「✓」表示你的答案。

是	否	
<input type="checkbox"/>	<input type="checkbox"/>	1. 醫生曾否說過你的心臟有毛病？
<input type="checkbox"/>	<input type="checkbox"/>	2. 你是否經常覺得心臟及胸口部位疼痛？
<input type="checkbox"/>	<input type="checkbox"/>	3. 你是否經常感暈眩，或曾否嘗試過一陣陣嚴重的昏厥？
<input type="checkbox"/>	<input type="checkbox"/>	4. 醫生曾否說過你的血壓過高？
<input type="checkbox"/>	<input type="checkbox"/>	5. 醫生曾否告訴你，你的骨骼或關節毛病(例如:關節炎)已因運動而加深，或可能因運動而惡化？
<input type="checkbox"/>	<input type="checkbox"/>	6. 除上述各項外，是否有其他健康上的理由令你不能參加劇烈體能活動？請註明：_____

從以上問卷中，如果有一題答『是』，請先聽取醫生指示。

參加者簽署： _____ 家長簽署： _____
參加者姓名： _____ 家長姓名： _____
日期： _____ 日期： _____