

ELCHK Lutheran Secondary School

Activity Notice 25102 (F.1 &F.2 After School Chinese History and Culture Course)

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Dear Parents:;

| The Chinese History Department is organizing the following activity. The details are as follows: | | | | | |
|--|---|--------------------|------------|--|--|
| Group / Subject / Society / Co-organization (if appropriate): Chinese | | | partment | | |
| Teacher-in-charge | Ms Fung Ying Kwan | | | | |
| Name of activity | F.1 & F.2 After School Chinese History and Culture Course–Face-to-Face | | | | |
| Category of activity | Cultural Enhancement Course | | | | |
| Introduction | To help non-Chinese speaking students develop an interest in Chinese history and culture | | | | |
| Target | Non-Chinese speaking students | Quota | 2 | | |
| Date(s) of activity | 20/10(Monday) , 11/12(Thursday) | Meeting time | 3:45 p.m. | | |
| Time of activity | 3:45 p.m5:15 p.m. | Meeting venue | Library | | |
| Venue of activity | Library | Time of dismissal | 5:15 p.m. | | |
| Fee# | Free | Venue of dismissal | Library | | |
| Dress code | School Uniform | Deadline to return | 17/10/2025 | | |
| Remarks | This activity is covered by the Life-wide Learning Grant. If student is absent without a valid reason, the school reserves the right to cancel the student's eligibility to continue participating in the activity. Students are expected to value the school's resources | | | | |

Please submit the reply slip to Ms Fung Ying Kwan by 17/10/2025.

| | | | Yours faithfully, |
|--|--------------------|--------------------------------------|------------------------------------|
| | | | >X/ W |
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| SECONDARY SCHOOL | | | Mr. Liang Kwun Fan |
| 學中義信 | | | Principal |
| - William and 19 Ch | | ·····×× | × |
| TORNAN CHOS | (Acti | ivity Notice 25102) | |
| Dear Principal, | | | |
| I acknowledge the activity details of F. | l & F.2 After Scho | ol Chinese History and Culture Cours | e - Face-to-Face and *consent / do |
| not consent to my child (Name) | in | (Class)() participating in | the mentioned activity. |
| (* Please delete as appropriate) | | | |
| | Name | Mobile phone number (if any) | Home / Office phone number |
| Student | | | |
| Emergency contact (Parent) | | | |
| | | | |
| | | Paren | t Signature: |

Date:

/ 2025

Remarks: Please submit the reply slip to Ms Fung Ying Kwan by 17/10/2025.