



余振強紀念第二中學

Yu Chun Keung Memorial College No.2

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Dear Parents,

Visual Arts Workshop 1 -Glass HandiCraft

In order to raise NCS student' standards and confidence in learning the Chinese culture and Visual Arts knowledge through activities; and to enhance communication skills in a teamwork environment., We would like to invite your child to participate in Visual Arts Workshop1 . Details of the class are as follows:

Venue:	Studio Glass Hong Kong
Date:	1 st August, 2022 (Monday)
Gathering time:	8:30 am
Gathering point:	School Covered Playground
Dismissal time:	2:00 pm
Dismissal point:	School Car Park (Back Gate)
Fee:	Free (Lunch will be provided)
Appendix:	<ul style="list-style-type: none"> ● Students should wear proper casual wear. ● Students should follow the instructions of the class teacher and the teacher of Workshop to complete the assigned learning tasks. ● Studio Glass Hong Kong requires every guest to fulfill the 'Vaccine Pass' requirements (3 shots), unless exempted under the law. All guests are required by law to scan the 'LeaveHomeSafe' venue QR code using the 'LeaveHomeSafe' mobile application.

You are kindly requested to read through the attached reminders for the day with your children. For enquiries, please contact the teacher in charge, Ms. Avis Tong.

Yours faithfully,

Li Tak-fai, Stephen
Principal

Renew; Enlighten; Succeed

< Reply Slip >

To Principal of Yu Chun Keung Memorial College No.2

I acknowledge receipt of 2021/22 School Circular No.63B regarding the arrangements of the Visual Arts Workshop 1 -Glass HandiCraft.

*I agree my child to:

(Please put in a '✓' as appropriate)

- Category A: participate in the Visual Arts Workshop 1-Glass HandiCraft. I confirm she fulfills the requirements of 'Vaccine Pass'.
- Category B: not join the Visual Arts Workshop 1-Glass HandiCraft.

I will ask my child to join the activity punctually, remind my child to follow the instructions of teachers, beware of safety and get back home once the activities end.

Student's Name: _____ ()

Class: _____

Parent's Signature: _____

Emergency contact No.: _____

Student's contact No.: _____