

余振強紀念第二中學 Yu Chun Keung Memorial College No.2

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9th September 2025

Dear Parents/Guardian,

School Volleyball Team Training Announcement

Fax: (852) 28753867

The new school year has begun. In preparation for the upcoming inter-school competitions and to enhance team cohesion, the routine training schedule for the School Volleyball Team this semester is as follows:

Date	September 12 nd , 15 th ,19 th ,22 nd ,26 th ,29 th October 3 rd ,6 th ,10 th ,20 th ,24 th November 3 rd , 7 th , 10 th , 14 th , 17 th ,21 st ,28 th December 1 st ,5 th ,12 nd , 15 th , 2025
Time	5:00 p.m. – 7:00 p.m.
Venue	School Playground
Participants	Members of the School Volleyball Team
Assembly & dismissal	5:00 p.m. : Gather at School Playground 7:00 p.m. : Dismissal at School Playground
Fee	\$225 per person (For competition jersey)
Teachers-in-charge	Ms. JY TANG
Remarks	 Students are required to wear school sports uniform/school team jersey and sports shoes. While participating in the team, members should manage their time effectively to maintain basic academic performance. Warm up thoroughly before training. Follow the coach's instructions during training to avoid sports injuries. Report any physical discomfort immediately to the teacher or coach during training. Students who need to apply for financial assistance should check the corresponding option on the reply slip. The fee is still required to be paid initially; after review, those who meet the financial assistance criteria will receive a refund of the corresponding amount.

Please take note of the above arrangements and ensure that your child attends punctually. If you have any inquiries, please contact the teacher-in-charge, Ms. JY TANG.

Yours faithfully,

Mr. Li Tak-fai, Stephen

Principal

Humility; Service; Love

< Reply Slip >

Date:
To: Principal of Yu Chun Keung Memorial College No.2
I acknowledge receipt of 2025/26 School Circular No.009 regarding the School Volleyball Team Training Announcement. I will remind my child to be punctual.
I will pay the fee HK\$225 for the competition jersey (Cash only)
 ☐ I would like to apply subsidy (Applicable to full/half subsidy and CSSA) ☐ Individual processing (a letter from parents must be attached to explain the situation and reason)
Student's Name:
Class:()
Parent's Signature:
Emergency contact No.:
Student's contact No: