



Chiu Sheung School, Hong Kong
79B Pok Fu Lam Road, Hong Kong
Tel : 2546-1644 Fax : 2517-2483
Website : www.csshk.edu.hk

27th September, 2021

Dear Parents/Guardians,

Notice on Cricket Class 2021-2022 No.039B
(To: P.4-P.6)

In order to raise students' confidence and their interest on sports, we are organizing a cricket class starting from October 2021 till February 2022. The details are as follows:

	Training Phase I	Training Phase II
Date:	Year 2021 Regular training 30/10, 6/11, 13/11, 20/11, 27/11, 4/12, 18/12 (Saturday) Year 2021 Additional training *27/12(MON), *28/12(TUE), *29/12(WED) * <u>School Holidays</u>	Year 2022 Regular training 15/1, 22/1, 29/1, *12/2, 19/2, 26/2(Saturday) Additional training *5/2(SAT), *6/2(SUN) * <u>School Holidays</u>
Time:	10:00a.m.-12:30p.m. (Regular training) 10:00a.m.-1:00p.m. (Additional training)	
Venue:	Kennedy Town Temporary Recreation Ground Football Pitch (Sai Ning Street)	
Teacher in charge:	Miss Sham	
Fee:	Free	
Uniform:	PE uniform	
Remark:	1. The school will take appropriate anti-epidemic measures during sports activities according to the recommendations of the Centre for Health Protection. Students are not allowed to wear masks during moderate or vigorous exercises in outdoor venues. Students will be arranged to maintain a social distance of at least 1.5 meters. 2. Experienced coach will be provided by "Caritas Mok Cheung Sui Kun Community Centre" 3. If the number of applicants is more than 12, a draw will be held. 4. Inform school by indicating the reason of absence in the student handbook. 5. For further queries, please call Caritas MCKCC Mr. Robert & Ms. Sadaf at 2816-8044.	

Please return the reply slip to class teacher on 29th September 2021 (Wednesday).

Mr. Chim Hon Ming
Principal, CSSHK

To: CSSHK

Class No: ()

Reply Slip for Notice on Cricket Class 2021-2022 No.039B

I acknowledge receipt of the notice on Cricket Class, and I

- ☐ agree my child to join the class and declare that he/she is healthy. After the class, my child will
- ☐ be picked up by parent
- ☐ return home on his/her own
- ☐ do not agree my child to join the class.

Name of student: _____

Name of parent: _____

Class: _____

Signature: _____

Contact Number: _____

Please tick the appropriate box.
29-09-2021 Sham