



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

5th September, 2022


Dear Parents/Guardians,

English Drama Training Program 2022-2023 No.017B
(To: Selected students)

In order to raise students' confidence, develop their communicative ability and enhance their creative talents through a constructed drama syllabus, we are organizing a drama training programme. Your child is chosen to join the programme. Details are as follow:

Date: (Thursday)	6/10/2022	20/10/2022	27/10/2022	3/11/2022	17/11/2022
	8/12/2022	15/12/2022	5/1/2023	12/1/2023	2/2/2023
	9/2/2023	16/2/2023	23/2/2023	2/3/2023	16/3/2023
	23/3/2023	30/3/2023	20/4/2023	4/5/2023	11/5/2023
	8/6/2023	15/6/2023			
Time:	12:20 p.m. - 1:35 p.m. (Half-day face-to-face class) / 3:45 p.m. - 5:00 p.m. (Whole-day face-to-face)				
Venue:	School Hall				
Tutor:	Dove Tales Theatre Company				
Teacher in charge:	Miss Bessy Chan, Miss Nicole Hui and Miss Karson				
Fee:	\$500				
Clothing:	PE uniform and sports shoes				
Dismissal place:	Main entrance (Half-day school) / Hill Road or by school bus (Whole-day school)				
Remarks:	1. Payment through eClass system or by cheque. For cheque payment, please make it payable to "The IMC of Chiu Sheung School, Hong Kong". 2. Team members will represent our school to join the Hong Kong School Drama Festival 2022-2023 in order to show their acting talent and build up confidence. 3. During half-day face-to-face class, the training sessions will last until <u>1:20 p.m.</u> Please be reminded that no school bus services will be provided.				

Please return the reply slip and the fee to Miss Bessy Chan on or before 8th September, 2022.


Mr. Chim Hon Ming
Principal, CSSHK

To: CSSHK

Class No: ()

Reply Slip for Notice on English Drama Training Program 2022-2023 No.017B

I acknowledge receipt of the Notice on English Drama Training Program, and I

☐ agree my child to participate in the program and pay the fee \$500.

And my child will ☐ be picked up by parent. ☐ return home on his/her own.

☐ do not agree my child to participate in the program.

Name of student: _____

Class: _____

Name of parent: _____

Signature: _____

Contact phone number: _____

Please tick the appropriate box.

08-09-2022 Yu