

Chiu Sheung School, Hong Kong 79B Pok Fu Lam Road, Hong Kong

Tel: 2546-1644 Fax: 2517-2483

Website: www.csshk.edu.hk

12th October, 2022

Dear Parents/Guardians,

Notice on "Co-creating a better community - Let's Innovate" 2022-23 No.e069B (To: P.5-P.6 Students)

To facilitate the youth experiencing the betterment of lifestyle and community through technology, we are organising an experiential learning activity "Co-creating a better community - Let's Innovate" which is held by the Hong Kong Association of Youth Development - Central & Western District Branch and Central and Western District Office. Details are as follows:

Activities : Under the theme of "Dried Seafood x Innovative Technology", participants will imagine themselves as an innovative technology entrepreneur, understand the problem and come up with innovative ideas about dried seafood.

Date	Time	Venue of Assembly and Dismissal	Details
Session 1 22 October 2022 (Saturday)	10:00-12:30	Chiu Chow Association Building (81-85 Des Voeux Road West)	 Visit to Dried Seafood Stores Learn about the history and development of dried seafood industry. Visit the dried seafood stores and interact with the merchants.
Session 2 5 November 2022 (Saturday)	09:00-12:30	School hall	 Tour in Cyberport Visit innovative technology enterprises. Workshop on entrepreneurial thinking and problem-solving for the community. Group presentation.

Participants must attend both activities.

Those who have completed both activities will be awarded a certificate.

Fee

: Free of charge

Quota

: 30 students. Lots will be drawn for over-enrollment.

Remarks

: -Wear P.E. uniform for the visit.

-Please prepare snacks for your child.

-Students must fulfill the requirement of "Vaccine Pass" and use "Leave Home Safe" application when entering the listed premises.

Please hand in the reply slip on or before 17th October. For enquiries, please contact Mr. Tsang.

Principal, CSSHK

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Reply slip for "C	-creating a better community - Let's Innovate" 2022-23 No.e069B
I acknowledge receip	of the above notice, and I
	I to join the visit. I declare that he/she is in normal health and fulfilled the f "Vaccine Pass".
My son/daug	iter will $\ \square$ be picked up by parent, $\ \square$ return home on his/her own.
☐ do not agree	my child to join the visit.
Name of student:	Name of parent:
Class:	Signature:
	Contact number:

Class No:(

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Please "√" the right box. 17-10-2022 Tsang