

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

Tel: 2546-1644 Fax: 2517-2483

Website: www.csshk.edu.hk

5<sup>th</sup> December, 2022

Dear Parents/Guardians,

## Notice on Sports School Team Selection 2022-2023 No.113B (To: P.3-P.5 Students)

In order to raise students' confidence and their interest on sports, we are organizing Basketball and Football school team in the second term. They will represent our school to participate in inter-school competitions and details of the teams are as follows:

Name of School Team	Selection date	Teacher in charge
Girls' Basketball Team	<ul> <li>Selection date: 16/12/2022</li> <li>(5<sup>th</sup> and 6<sup>th</sup> period)</li> </ul>	Ms. Tong
Boys' Basketball Team	School team members must meet the vaccination requirement of the guidance	Mr. Tsang
Boys' Football Team	of the Education Bureau. According to the guidance of the Education Bureau, students should have received the second dose of vaccination for more than 14 days.	Mr. Leung

## Remarks:

- 1. Students need to hand in the reply slip to the class teacher on or before 7/12 and wear PE uniform to attend the selection.
- 2. Those who fail to attend the selection on time will be regarded as withdrawal from the selection.
- 3. For further inquiries, please contact the teachers in charge.

Thank you for your attention.

Ar Chim Hon Ming Principal, CS\$HK

Class No:( To: CSSHK ) Reply Slip for Notice on Sports School Team Selection 2022-2023 No.113B I acknowledge receipt of notice on School Team Selection. My child will join the selection of Girls' Basketball Team. My child is in good health condition and suitable for participating in the selection. My child will join the selection of Boys' Basketball Team. My child is in good health condition and suitable for participating in the selection. My child will join the selection of Boys' Football Team. My child is in good health condition and suitable for participating in the selection. □ the first dose of the COVID-19 vaccine. (Date of the first dose:\_\_\_\_\_) ☐ the second dose of the COVID-19 vaccine. (Date of the second dose: ☐ the third dose of the COVID-19 vaccine. (Date of the third dose:\_\_\_\_\_) My child has COVID-19 infection (including positive cases detected by RAT) (Date of diagnosis: \_\_\_\_\_) My child will not join the selection.

Class: \_\_\_\_\_

Signature: \_\_\_\_\_

Please "√" the appropriate box. 07-12-2022 Cheung

Name of student: \_\_\_\_\_

Name of parent:

Contact Phone no.:\_\_\_\_\_