



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

12th December, 2022

Dear Parents/Guardians,

Notice on "Magic Class" 2022-2023 No.121B
(To: Selected students)

The Education Bureau issued the "School-based After-school Learning and Support Program Grant" to allow schools to organize a number of interest classes to enhance and explore students' multiple intelligences. After the selection, the school now entrusts the "Magicboy Talent Centre" to hold the "Magic Class".

Your children are selected to participate. The details are as follows:

Course Name	:	Magic Class
Course aim	:	Teach students to use different materials and tools, increase students' interest in using magic and help them to become little magicians. Students can gain a sense of success and improve their self-confidence.
Date	:	8/2, 22/2, 1/3, 15/3, 22/3, 19/4, 26/4, 10/5, 17/5, 24/5 (every Wednesday, 10 sessions in total)
Time	:	3:50-34:50 p.m.
Teacher in charge:		Miss. Katy Wong
Remark	:	1. Students who have received CSSA or Student Financial Assistance Grant (full amount) are not required to pay fees. 2. In the event of Typhoon Signal No. 8, black rainstorm or red rainstorm and the Education Bureau announces the suspension of classes, the "Hong Kong Tutors Association" will arrange supplementary classes according to the school's guidelines through eClass app. 3.If lessons have to be rescheduled due to special incident, parents will be notified through eClass app. 4. Please keep this notice for future reference.

Please fill in the reply slip and return it to the class teacher before 14th December, 2022 (Wednesday). If the notice is not returned before the due date, it will be deemed unintentional to participate. If you have any enquiries about the above activities, please contact Miss Echo Yu.

Mr. Chim Hon Ming
Principal, CSSHK

To: CSSHK

Class No:()

Reply slip for notice on "Magic Class " 2022-2023 No.121B

I acknowledge receipt of the notice on ""Magic Class ", and I

Confidential

☐ agree my child to participate in the class and our family

☐ has received CSSA

☐ has received SFAS (full grant)

☐ has received SFAS (half grant)

☐ has not received any of the above grant

My child will ☐ be picked up by parent. ☐ return home on his own.

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

Name of student: _____

Class: _____

Name of parent: _____

Signature: _____

Contact no.: _____

Please tick the appropriate box.

14.12.2022 Yu