



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



11th September, 2023

Dear Parents/Guardians,

Table Tennis School Team Training Program 2023-2024 No.e036B
(To: Team members)

In order to raise students' confidence and their interest in sports, our school will participate in the Inter-Primary Schools Table Tennis Competition (Hong Kong Island West Area) this year. Your child is chosen to join the competition. A training program is set and details are as follows:

Date :	3/10/2023	4/10/2023	10/10/2023	11/10/2023	17/10/2023
	18/10/2023	24/10/2023	25/10/2023	31/10/2023	1/11/2023
	7/11/2023	8/11/2023	29/11/2023	5/12/2023	6/12/2023
	12/12/2023	13/12/2023	19/12/2023	20/12/2023	3/1/2024
	9/1/2024	10/1/2024	30/1/2024	31/1/2024	6/2/2024
	20/2/2024	21/2/2024	27/2/2024	28/2/2024	12/3/2024
	13/3/2024	19/3/2024	20/3/2024	16/4/2024	17/4/2024
	23/4/2024	24/4/2024	30/4/2024	7/5/2024	8/5/2024
	14/5/2024	21/5/2024	22/5/2024	28/5/2024	29/5/2024

Time : Tuesday & Wednesday 3:25p.m.-4:40p.m.

Venue : School activity room

Coach : Mr. Kwan Ka Shing and his team

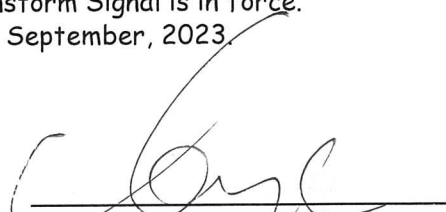
Teacher in charge : Mr. Brian Tsang

Training Fee : \$2700 (\$60 per session, 45 sessions in total)

Clothing : Sports uniform

Important Note : The training will be cancelled if Typhoon No. 8 or above, Red/Black Rainstorm signal is hoisted within two hours from the training starting time, or the Education Bureau advises primary schools in the whole territory or individual districts to suspend classes. All classes will normally be held as scheduled when Typhoon Signal No. 3 or below is hoisted or when Amber Rainstorm Signal is in force.

Please return the reply slip to the teacher in charge on or before 15th September, 2023.


Mr. Chim Hon Ming
Principal, CSSHK



To: CSSHK

Class No: ()

Reply slip for Notice on Table Tennis School Team Training Program 2023-2024 No.e036B

I acknowledge receipt of the notice on Table Tennis Training Program, and I

☐ agree my son/daughter to participate in the program and certify that he/she is in good health.

Payment : ☐ eClass payment system

☐ Cheque (Payable to "The IMC of Chiu Sheung School, Hong Kong" with your child's class, your child's name and your contact number at the back.)

Way of dismissal : ☐ go home by himself/herself

☐ picked up by parents

☐ do not agree my son/daughter to participate in the program.

Name of student: _____

Name of parent: _____

Class: _____

Signature: _____

Contact phone number: _____

Please tick the appropriate box.

15-09-2023 Tsang

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Confidential

I acknowledge receipt of the above notice.

☐ I agree my son/daughter to join the training program, and I need to apply for the subsidy through "Pilot Scheme for student Athlete Support".

And I ☐ have received CSSA

☐ have received SFAS (full grant)

☐ have received SFAS (half grant)

☐ have other financial difficulties (please specify): _____