



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



29th January, 2024

Dear Parents/Guardians,

Notice on the "Hong Kong Science Museum Visit" 2023-24 No. 170B

(To: Selected students)

In order to provide more opportunities for the students to improve their learning effectiveness and broaden their learning experiences outside the classroom, we will use the "School-Based After-school Learning and Support Programmed Grant" to organize various interest classes. We are collaborating with "Stardian Education Limited" to organize a tour to the Hong Kong Science Museum for selected students.

Details are as follows:

Date	:	9/3/2024 (Saturday)
Time	:	9:30 a.m. - 1:00 p.m.
Venue	:	Hong Kong Science Museum
Teachers in charge	:	Ms. Jenny Lo and Mr. Ernest Chui
Gathering time	:	9:00 a.m.
Gathering venue	:	School Hall
Dismissal time	:	1:00 p.m.
Dismissal venue	:	Hill Road
Fee	:	Free of charge
Remarks	:	<ol style="list-style-type: none">1. Students should wear PE uniform.2. Students need to bring their student handbook, homework diary stationery and water bottle.3. Participants have to follow the visitors' guidelines of the museum.4. If typhoon signal No. 8 or above is hoisted or suspension of classes is announced by the Education Bureau before 7:00 am on the day of the event, the event will be rescheduled.

Please return the reply slip to the class teacher on or before 31st January. Thank you for your attention.


Mr. Chim Hon Ming,
Principal, CSSHK

To: CSSHK

Class No :()

Reply Slip for Notice on the "Hong Kong Science Museum Visit" 2023-24 No. 170B

I acknowledge receipt of the above notice, and

☐ my child will join the visit to the Hong Kong Science Museum.

Confidential

- ☐ have received CSSA.
- ☐ have SFAS (full grant).
- ☐ have SFAS (half grant).
- ☐ have not received any grants.

and my son/daughter will

- ☐ be picked up by a parent at Hill Road.
- ☐ return home on his/her own.

☐ my child will not join the visit to the Hong Kong Science Museum.

Name of student: _____

Class: _____

Name of parent: _____

Signature: _____

Contact phone number: _____

Please tick the appropriate box
31-01-2024 Tsoi