

陳瑞祺(喇沙)書院
九龍何文田常和街4號
電話：二七一八一七五



CHAN SUI KI (LA SALLE) COLLEGE
4 SHEUNG WO STREET, HOMANTIN,
KOWLOON, HONG KONG.
TEL: 27118175

Date: 21 September 2010

Circular No. 026

Dear Parents/ Guardians,

Re: Participation in HK Schools Jing Ying Table-tennis Tournament 2010

Your son/ward _____ of Class _____ has been selected to participate in the captioned activity. Details of the activity are as follows:

Date: : 23rd September 2010

Time : 8:30 a.m. to 2:30 p.m.

Venue : Luen Wo Hui Sports Centre, Fanling

Teacher-in-charge : Mr. T. S. Wong

Please indicate your wish whether you will allow your son/ward to take part in the above functions and declare any known medical condition from which your son/ward may be suffering.

Yours faithfully,

Lee Ting Leung
Principal



Reply Slip (Circular No. 026)

Name of Activity: HK Schools Jing Ying Table-tennis Tournament 2010

I agree/do not agree* my son/ward* _____ of Class _____ taking part in the captioned activity.

- My son/ward* is in good health and I consider him capable of taking part in the said activity.
- My son/ward* is suffering from the following illness/diseases, please excuse him from the above activity.
- _____

Parent's/ Guardian's Signature: _____

Parent's/ Guardian's Name: _____

Date: _____