

陳瑞祺(喇沙)書院
九龍何文田常和街4號
電話：二七一一八一七五



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

Date: 24 September 2010
Circular No. 030

Dear Parents/ Guardians,

Re: Participation in Caritas Bazaar(明愛賣物會) – Collection of Donations(收集捐贈物品活動)

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

Date: 8 October 2010 (Friday)
Time: 12:30 pm – 5:00 pm (please gather inside the Hall at 12:30 pm)
Venue: Kwun Tong / San Po Kong / Hung Hom

Teachers-in-charge: Mr WK Wong, Mr CK Wong, Mr KV Vong & Mr KK Young

Emergency Contact Telephone No. (活動當天之緊急聯絡電話): 27118175

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. 030)

Name of Activity: Caritas Bazaar(明愛賣物會) – Collection of Donations(收集捐贈物品活動)

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

Parent's/ Guardian's Signature: _____

Parent's/ Guardian's Name: _____

Date: _____