



# 惠僑英文中學

## WAI KIU COLLEGE

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Ref. No. : LT\_SD 17-18/03

17<sup>th</sup> January, 2018

Dear Parents / Guardians,

### S.2 Cross-curricular Learning Activity Day 17-18

To enrich students' knowledge in different subjects and hone their generic skills, the school has organized a visit to Kadoorie Farm and Botanic Garden for S.2 students giving them an opportunity to gain authentic learning experience outside classroom. The details of the activity are as the following:

<b>Participants</b>	S.2 students	<b>Meeting venue</b>	Classrooms of S.2
<b>Date</b>	28/02/2018 (Wednesday)	<b>Dismissal venue</b>	School gate
<b>Meeting time</b>	12.45 pm	<b>Dismissal time</b>	5.30 pm
<b>Venue</b>	Kadoorie Farm and Botanic Garden, Tai Po	<b>Transportation</b>	Coach
<b>Teachers in charge</b>	Ms Cheng Yung-fong, Mr. Wong Kwong-chun, Mr. Kwok Sai-kit, Ms. Yau Hung-hung, Mr. Ho Chi-man, Mr. Lee Leung-po, Ms. Liu Yee-wan, Mr. Yeung Yuk-hoi and Mr. Wong Wai-ip		
<b>Remarks</b>	<ol style="list-style-type: none"> <li>1. Entry fee is paid by the school.</li> <li>2. Students should complete worksheets and a presentation after the visit.</li> <li>3. Students should wear proper school P.E. uniform and bring water.</li> <li>4. All students must participate in the above activity.</li> <li>5. If Typhoon No.8 or above, red rainstorm signal or black rainstorm signal is issued by the Hong Kong Observatory, the above activity will be cancelled. In case of poor weather during the activity, the teachers-in-charge will arrange students to go home under safe condition.</li> </ol>		

Please submit the reply slip to the class teachers on or before 23<sup>rd</sup> January, 2018 (Tuesday). For enquiries, please contact Mr. Kwok Sai-kit (Leader of Cross-curricular Team) or Ms Cheng Yung-fong (Head of School Curriculum Development Team).

Yours faithfully,

CHENG Che-yin  
Principal

-----✂-----Reply slip-----✂-----

Ref. No. : LT\_SD 17-18/03

Dear Principal,

I acknowledge the arrangement of the activity "S.2 Cross-curricular Learning Activity Day 17-18" and agree to have my \*son/daughter participating in this activity.

Name of Student : \_\_\_\_\_ Signature of Parent / Guardian : \_\_\_\_\_

Class : \_\_\_\_\_ ( ) Name of Parent / Guardian : \_\_\_\_\_

Date : \_\_\_\_\_