



# 惠僑英文中學

# WAI KIU COLLEGE

九龍石硤尾偉智街十七號

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Ref. No.: SGS\_GD 23-24/25e  
11<sup>th</sup> July, 2024

Dear Parents/ Guardians,

### S1 Orientation Camp

Being newly promoted to the secondary school, the S1 students will be facing various changes with confusions and challenges. The Counselling Department has arranged a 2-day-1-night 'S1 Orientation Camp' for all S1 students aiming to help them build up confidence, cultivate positive attitudes when solving problems and strengthen communication and cooperation strategies. Students are expected to play positive roles in the camp with a sense of team spirit, and improve their resilience and adaptability through the activities so as to get ready for the new secondary school life. Details are as follows:

<b>Date &amp; Time</b>	1.30 pm–2.00 pm (the next day) 11/08/2024–12/08/2024 (Sun & Mon)	<b>Venue</b>	HKYFG Jockey Club Sai Kung Outdoor Training Camp
<b>Gathering time &amp; Venue</b>	1.30 pm, 11/08/2024 School hall	<b>Dismissal time &amp; Venue</b>	2.00 pm, 12/08/2024 School gate
<b>Content of activity</b>	Adventurous trainings; group activities	<b>Fee</b>	HKD 150 (including camping fee, meals and transportation fee, others will be subsidized by the school)
<b>Remarks</b>	<ol style="list-style-type: none"> <li>All S1 students <b>MUST</b> attend the S1 Orientation Camp. In case of sick leave, parents / guardians <b>MUST</b> call the school on or before the date of setting off and provide doctor's letter / parents' letter to the class teacher afterwards.</li> <li>All activities will be conducted under the guidance of experienced tutors in order to ensure the safety of the students.</li> <li>No refund will be made.</li> <li>Students who get full level of assistance in the Financial Assistance Schemes for Primary &amp; Secondary Students or who are taking part in the Comprehensive Social Security Assistance (CSSA) Scheme are eligible to apply for fee remission or subsidy (with supporting documents). For further enquiries, please contact Mr. WONG Kwong-chun (Head of the Counselling Department) or Ms. HUI Ho-Lam (Assistant head of the Counselling Department).</li> </ol>		

Please kindly fill in the attached Health Declaration form and submit to the school together with HK\$150 on or before 16/07/2024 (Tue). For enquiries, please contact Ms. HUI Ho-Lam (Assistant head of the Counselling Department) or Ms. SO Ka-po (Assistant of the Counselling Department) at 2777 6289.

Yours sincerely,

CHENG Che-yin M.H.  
Principal

-----><-----Reply slip-----><-----

Ref. No.: SGS\_GD 22-23/15b

Dear Principal,

I acknowledge the arrangement of the activity "S1 Orientation Camp", and will submit the fees with the Health declaration form to Ms. HUI Ho-Lam (Assistant head of the Counselling Department) or Ms. SO Ka-po (Assistant of the Counselling Department)

Name of Student : \_\_\_\_\_

Class : \_\_\_\_\_

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

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

Contact number of Parent/Guardian: \_\_\_\_\_

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



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**S1 Orientation Camp**  
**Instructions**

Attachment 1

**Date** : 11/08/2024-12/08/2024 (Sun & Mon)  
**Time** : 1.30 pm-2.00 pm (the next day)  
**Venue** : HKYFG Jockey Club Sai Kung Outdoor Training Camp  
**Gathering time & Venue** : 1.30 pm, 11/08/2024, School hall  
**Dismissal time & Venue** : 2.00 pm, 12/08/2024, School gate

**Equipment:**

1. clothes 1-2 sets (including casual wear)
2. toiletries (e.g. teeth brush, toothpaste, towel, soap)
3. anti-mosquito products (e.g. Mosquito repellent, Mosquito sticker)
4. sun protection products (e.g. sunblock)
5. rainproof products (e.g. raincoat, umbrella, hat)
6. torch & batteries
7. ID card / copy
8. warm clothes
9. water bottle
10. pen & paper
11. emergency contact details
12. medicine (if necessary)
13. some money

**Precautions:**

1. For safety reasons, all students **MUST** follow the instructions of tutors, coaches and teachers in the camp.
2. Students **CANNOT** leave the troop or do personal matters without permissions.
3. Students are suggested to wear comfortable sportswear and trainers participating in the activities and pack all belongings using backpacks.
4. Students who are taking regular medicines should bring their own medicines.
5. Cigarettes, lighters, alcoholic drinks, inappropriate publications are prohibited. **Offenders will be penalized.**
6. Students are not suggested to bring large amount of money or valuable items.
7. The training camp and the school are not liable for any loss incurred by the students in terms of personal belongings.
8. Students **MUST** keep the camp clean, and must not damage any plants or public properties.
9. Students **MUST** attend all appointed activities punctually or they have to face penalties.
10. Students are **NOT** permitted to enter or stay in other dormitories or they have to face penalties.
11. All S1 students **MUST** attend this activity.

**Remarks:**

1. In case of cancellation of the activity due to bad weather, the teachers-in-charge will arrange students to go home under safe condition.
2. If Typhoon No.3 or above or red or black rainstorm signal is issued, parents can call the school to inquire about the students. Should there be cancellation of the activity, the school will inform parents individually.

S1 Orientation Camp

Health Declaration form

Name of student: \_\_\_\_\_ Gender: \_\_\_\_\_

Class: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**1. If the student has ever had the medical condition(s) below, please put a “√” in the appropriate box(es) and gives details.**

	Description	Age detected	Details of disease	Recommended treatment (if applicable)
<input type="checkbox"/>	G6PD deficiency			
<input type="checkbox"/>	Bronchial asthma			
<input type="checkbox"/>	Epilepsy			
<input type="checkbox"/>	Fits due to fever			
<input type="checkbox"/>	Kidney disease			
<input type="checkbox"/>	Heart disease			
<input type="checkbox"/>	Haemophilia			
<input type="checkbox"/>	Anaemia			
<input type="checkbox"/>	Others blood disease			
<input type="checkbox"/>	Allergy to drugs			
<input type="checkbox"/>	Allergy to vaccines			
<input type="checkbox"/>	Allergy to food			
<input type="checkbox"/>	Others allergies (Please specify: _____)			
<input type="checkbox"/>	Tuberculosis			
<input type="checkbox"/>	Minor operation			
<input type="checkbox"/>	Major operation			
<input type="checkbox"/>	Others			

**2. Doctor's details (if applicable):**

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Address: \_\_\_\_\_

**3. There were / were no\* past records showing that the student is not suitable for strenuous exercises. (\*delete where appropriate)**

I hereby declare that the information provided above is true and correct to the best of my knowledge. And my health condition suits the requirements of the S1 Orientation Camp.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \*

I hereby declare that the health condition of my child \_\_\_\_\_ (name) suits the above activity.

Name of parent/guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship with the student: \_\_\_\_\_ Date: \_\_\_\_\_

**MUST COMPLETE**

In case of emergency, please contact the person below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_ (day) \_\_\_\_\_ (night)

Relationship with the student: \_\_\_\_\_

\*\* The information collected will be kept confidential and only be used for handling student's health related matters. All information will be destroyed after the S1 Orientation Camp.