



惠僑英文中學

WAI KIU COLLEGE

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Ref. No. : LD\_ST 25-26/53E

21<sup>st</sup> April, 2026

Dear Parents/Guardians,

**Visiting Hong Kong Institute of Vocational Education (Haking Wong)**

To broaden students' horizons, enhance their self-understanding, and encourage them to explore different career opportunities, our school is organizing a visit to Hong Kong Institute of Vocational Education (Haking Wong). The visit will help students better understand the local tertiary education and experience innovative technology. The details are as follows:

<b>Date</b>	7 <sup>th</sup> May, 2026 (Thursday)	<b>Teachers in-charge</b>	Mr. LEE Kan-yuen, Mr. CHEUNG Ho-wah, Mr. LEE Kwok-leung, Mr SIU Hoi-leung, Mr. WONG Ka-wing Miss PANG Wing-sum
<b>Venue</b>	IVE (Haking Wong)	<b>Place of Gathering</b>	School
<b>Time of Gathering</b>	13:20	<b>Place of Dismissal</b>	IVE (Haking Wong)
<b>Time of Dismissal</b>	16:00	<b>Transportation</b>	Coach arranged by the school

Remarks: Students must wear proper Uniforms. All students must adhere to the instructions of the teachers in-charge. Any violations will be handled in accordance with school regulations.

Please complete the reply slip and return it to the Class Teacher on or before 24<sup>th</sup> April, 2026 (Friday). Should you have any questions about the above activity, please contact Mr. SIU Hoi-leung at 2777-6289.

Yours faithfully,



Mr. TSO Tat-ming  
Principal

----- ✂ ----- Reply slip ----- ✂ -----

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Dear Principal,

I (agree / disagree) \* to have my child \_\_\_\_\_ ( ) of class \_\_\_\_\_  
participate in the activity of 'Visiting Hong Kong Institute of Vocational Education (Haking Wong)'.

(\*Please delete the inappropriate option)

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

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

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

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