



St. Joan of Arc Secondary School

聖貞德中學

Address: 55 Braemar Hill Road, North Point, Hong Kong

地址：香港北角寶馬山道五十五號

Tel. 電話: 2578 5984

Fax. 傳真: 2578 5725

Website 網址: www.sja.edu.hk

家長通知書

編號: CCA151/2023-2024

敬啟者：

課後羽毛球訓練班

學校一直促進學生的全人發展，為學生在不同範疇上提供學習經歷。查 貴子女有意參加上述課後羽毛球訓練班，詳情如下：

科目/項目：	課後羽毛球訓練班		
日期：	15/3, 22/3, 12/4, 19/4, 3/5	時間：	4:30 - 6 pm
活動地點：	中山紀念公園體育館		
負責老師：	張晉雄老師及羽毛球教練		
備註：	需自行前往中山紀念公園體育館		

請於 15/3/2024 (星期五)或以前簽署下列回條。如對是次活動有任何查詢，請致電 2578 5984 與張晉雄老師聯絡。

此致

貴家長



聖貞德中學校長



阮章凱

謹啟

二零二四年三月十二日

你們是地上的鹽，世界的光。(瑪 5:13-14)

回條

編號：CCA151/2023-2024

課後羽毛球訓練班

敬覆者：

來函敬悉有關上述活動事宜，並 *同意 / 不同意 小兒/女參加。

此覆

聖貞德中學校長

中 _____ 級 _____ 班 _____ 號學生：_____

家長/監護人簽署：_____

家長/監護人姓名：_____

緊急聯絡電話：_____

二零二四年 _____ 月 _____ 日

*請刪去不適用



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Notice to Parent / Guardian

Circular No.: CCA151/2023-2024

12th March 2024

Dear Parent or Guardian:

Badminton Training Course

The school facilitates whole-person development of students and is committed to offering diverse learning experiences across domains. We highly recommend that your child participate in the badminton training course mentioned above. Please find the details below:

Course / Event:	Badminton Training Course		
Date:	15/3, 22/3, 12/4, 19/4, 3/5	Time:	4:30 – 6 pm
Venue:	Sun Yat Sen Memorial Park Sports Centre		
TIC:	Mr. Cheong Chun Hung		
Remarks:	Please go to the sports centre by your own means.		

Please submit the following reply slip on or before 15/3/2024 (Friday). If you have any inquiries regarding the above activity, please contact Mr. Cheong at 2578 5984.

Mr. YUEN Cheung-oi (Principal)



You are like salt for the whole human race, You are like light for the whole world. (Matthew 5:13- 14)

Reply Slip

Circular No.: CCA151/2023-2024

Badminton Training Course

Dear Principal,

I, the parent / guardian of _____ (student's name) (Class: _____ No: _____),
acknowledge the receipt of the circular regarding Badminton Training Course, and my child / ward
* will / will not participate in the activity.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Emergency contact no.: _____

Date: _____

*delete the inappropriate