



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：CCA157/2023-2024

敬啟者：

繩索技術進階體驗

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繩索技術進階體驗，詳情如下：

科目/項目：	繩索技術進階體驗		
日期：	28/06/2024	時間：	9:00-16:00
地點：	校內	對象：	中一至中六
負責老師：	黃淑儀小姐、楊麗貞老師	費用：	全免
備註：	1) 學生請穿著整齊的運動服 2) 學生需自備午餐		

請於 26/04/2024 (星期五) 或以前經 eClass 家長應用程式簽署下列回條。如對是次活動有任何查詢，請致電 2578 5984 與黃淑儀小姐聯絡。

此致

貴家長



聖貞德中學校長



阮章凱

謹啟

二零二四年四月十九日

你們是地上的鹽，世界的光。(瑪 5:13-14)

回條

編號：CCA157/2023-2024

繩索技術進階體驗

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：_____

二零二四年 _____ 月 _____ 日

緊急聯絡電話：_____

*請刪除不適用者



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Notice to Parent / Guardian

Circular No.: CCA157/2023-2024

19th April, 2024

Dear Parents/ Guardians,

Advanced Rope abseiling

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 Advanced Rope abseiling mentioned above. Please find the details below :

Event :	Advanced Rope abseiling		
Date:	28 June 2024	Time:	9:00-16:00
Venue:	School	Target student:	S1-S6 Students
TIC:	Ms. Wong Suk Yee, Ms. Yeung Lai Ching	Fee:	Free
Remarks:	1) Students are required to wear PE school uniforms 2) Students need to bring their own lunch		

Please submit the following reply slip through the eClass parent application on or before 26/4/2024 (Friday). If you have any inquiries regarding the above Advanced Rope abseiling, please contact Ms. Wong Suk Yee 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. CCA157/2023-2024

Advanced Rope abseiling

Dear Principal,

I, the parent / guardian of _____ (student's name) (Class: _____ No: _____), acknowledge the receipt of the circular regarding Advanced Rope abseiling, and my child *will/ will not participate in the course.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Emergency contact no: _____

Date: _____

* Please ✓ the appropriate