



St. Joan of Arc Secondary School

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聖貞德中學

地址：香港北角寶馬山道五十五號
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Notice to Parent / Guardian

Circular No. CCA016/2025-2026

15th September 2025

Dear Parent or Guardian:

Fire and Ambulance Services Teen Connect On-Campus Training

Our school has invited the Fire and Ambulance Services Teen Connect, managed by the Fire Services Department, to conduct Chinese-style foot drill and fire and ambulance training for students. There will also be opportunities to go on external visits and participate in other fire drills, aiming to enhance students' understanding of Chinese-style foot drills, firefighting, and ambulance services. We sincerely invite your child to attend. The details are as follows. Thank you for your attention.

Programme:	Fire and Ambulance Services Teen Connect On-Campus Training		
Dates:	17/9; 8/10; 5、19/11; 10/12/2025 7、21/1; 4、18/3; 15/4; 6、20/5/2026 (Every Wednesday, a total of 12 sessions)		
Venue:	Room 501	Time:	4:00-5:30 p.m.
Teacher-in-charge:	Mr. TH Au and Mr. HW Chan	Fee:	Free of charge
Target participants:	Students who are interested in joining the Fire and Ambulance Services Teen Connect		
Remark:	Students may bring their school sportswear and trainers to change into before the activity if necessary.		

Please submit the following reply slip on or before 16/9/2025 (Tuesday). If you have any inquiries regarding the above course/ activity, please contact Mr. TH Au and Mr. HW Chan at 2578 5984.

Mr. YUEN Cheung-oi (Principal)



Be determined and confident. Do not be afraid of them. Your God, the Lord himself, will be with you. He will not fail you or abandon you. (Deuteronomy 31:6)

Reply Slip

Circular No. CCA016/2025-2026

Fire and Ambulance Services Teen Connect On-Campus Training

Dear Principal,

I, the parent/ guardian of _____ (student's name) (Class: _____ No: _____), acknowledge the receipt of the circular regarding Fire and Ambulance Services Teen Connect On-Campus Training, and my child will participate in the activity.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Emergency contact no.: _____

Date: _____

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