



St. Joan of Arc Secondary School

Address: 55 Braemar Hill Road, North Point, Hong Kong
Tel. 電話: 2578 5984 Fax. 傳真: 2578 5725

聖貞德中學

地址: 香港北角寶馬山道五十五號
Website 網址: www.sja.edu.hk

Notice to Parent / Guardian

Circular No.: CCA039/2025-2026

20th October 2025

Dear Parent or Guardian:

Inter-school Athletics Competition

I am delighted to inform you that your child has been selected to represent our Athletics Team to participate in the Inter-School Athletics Competition (Division 3 Area 1) organized by the Hong Kong Schools Sports Federation. Please permit your child to enter this competition. Details of the competitions will be announced. Thank you for your attention.

Event:	Inter-School Athletics Competition		
Date:	5 th , 11 th and 17 th November 2025 (Wednesday, Tuesday and Monday)	Assembly and Dismissal Time:	8:00 a.m.- around 6:00 p.m.
Venue:	Wan Chai Sports Ground	Target student:	Athletic Team members
TIC:	Mr. Fung Wai Ping, Mr. Poon Siu Leung, and Mr. Au Ting Ho	Assembly and Dismissal Place:	Wan Chai Sports Ground (Spectator Stand Near 60m starting line)
Remarks:	(1) Students need to arrange their own transportation and lunch on the day. (2) Students are required to wear school PE uniforms, team jersey, and bring the equipment needed for the competition.		

Please sign the following reply slip through the eClass parent application on or before 24/10/2025 (Friday). If you have any inquiries regarding the above course, please contact Mr. Fung Wai Ping, Mr. Poon Siu Leung, or Mr. Au Ting Ho 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. CCA039/2025-2026

Inter-school Athletics Competition

Dear Principal,

I, the parent/ guardian of _____ (*student's name*) (Class: _____ No: _____), acknowledge the receipt of the circular regarding Inter-school Athletics Competition, and my child will participate in the activity.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Emergency contact no.: _____

Date: _____