



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.: CCA081/2025-2026

6th January 2026

Dear Parent or Guardian:

The 27th Hong Kong Catholic Diocesan Secondary Schools Joint Athletics Meet

I am delighted to inform you that your child has been selected to represent our athletic team in the 27th Hong Kong Catholic Diocesan Secondary Schools Joint Athletics Meet. Please permit your child to enter this competition. Details of the competitions will be announced. Thank you for your attention.

Event:	The 27 th Hong Kong Catholic Diocesan Secondary Schools Joint Athletics Meet		
Date:	28-29 th January 2026 (Wednesday and Thursday)	Assembly and Dismissal Time:	8:00 a.m.- around 6:00 p.m.
Venue:	Kai Tak Youth 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:	Kai Tak Youth Sports Ground Spectator Stand – Zone 103B-104B
Remarks:	<p>(1) Students need to arrange their own transportation and lunch on the days. Address: No. 38 Shing Kai Road, Kai Tak, near the MTR Sung Wong Toi Station Exit D</p> <p>(2) Students are required to wear the proper school PE winter uniform, team jacket and jersey, and bring the equipment needed for the competition.</p>		

Please sign the following reply slip through the eClass parent application on or before 16/1/2026 (Friday). If you have any inquiries regarding the above activity, 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

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The 27th Hong Kong Catholic Diocesan Secondary Schools Joint Athletics Meet

Dear Principal,

I, the parent/ guardian of _____ (student's name) (Class: _____ No: _____), acknowledge the receipt of the circular regarding the 27th Hong Kong Catholic Diocesan Secondary Schools Joint Athletics Meet, and my child will participate in the activity.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Emergency contact no.: _____

Date: _____