



8 May 2026

Dear Parents/Guardians,

Tourism and Hospitality Studies: Macau Tourism Industry Study Tour

The school prioritizes the holistic development of students and provides a wide range of learning experiences across various domains. To increase students' interest in learning our subject and deepen their understanding of the development of the Tourism and Hospitality industry, the school will organize a Macau Study Tour during the post-exam activity period. Details are as followed:

- Objectives: To understand local tourism planning and deepen knowledge and relevant further education and career paths of Tourism and Hospitality Industry by visiting famous attractions and tertiary institution in Macau.
- Dates: July 9, 2026, to July 10, 2026 (2 days).
- Destination: Macau.
- Quota: 30 participants.
- Fee: \$1080 (Original price \$1600; subsidized by the Life-wide Learning Fund and Sister School Learning Grant)
 - *The fee includes all transportation, accommodation, meals, tour guide services, admission tickets, and basic travel insurance.*
 - *Students with financial needs may submit proof to apply for additional subsidies.*
- Service Provider: HKFEW International Cultural Exchange Centre (Travel Agency License No.: 353131).
- Tentative Itinerary

Date	Time	Tentative Itinerary
July 9 (Thu)	AM	➤ Assemble at school; take coach to the HZMB border; ➤ visit and exchange at the Macao University of Tourism.
	PM	➤ Lunch; ➤ visit St. Dominic's Church, ➤ Ruins of St. Paul's, and ➤ the Monte Forte; ➤ visit the Macao Museum.
	Evening	➤ Dinner; ➤ check-in to a 4-star hotel in Macau.
July 10 (Fri)	AM	➤ Breakfast at hotel and check-out; ➤ visit the Macao Giant Panda Pavilion; ➤ visit Rua do Cunha.
	PM	➤ Lunch; ➤ visit Macau Tower (exterior) and A-Ma Temple; ➤ proceed to HZMB (Macau) Port; ➤ return to school for dismissal.

Please sign the reply slip below and return it to the subject teacher by May 15, with a cheque for the tour fee (payable to "The IMC of St. Joan of Arc Secondary School"), a photocopy of the student's HKID card, Information Form and Health Declaration Form. If number of applicants exceed the quota, selection will be made by the subject teacher, all fees and information submitted will be refunded to unsuccessful applicants. For enquiries, please contact Mr. Tong Kam Fai at 2578 5984. Thank you.



Yuen Cheung Oi
Yuen Cheung Oi
(Principal)

Reply Slip

(Circular No: CCA149/2025-2026)

To: The Principal

I acknowledge the details regarding the "Tourism and Hospitality Studies: Macau Tourism Industry Study Tour" and
* agree / disagree my child to participate in this study tour.

Student Name: _____

Class & No: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Emergency Contact No: _____

Date: ____ / ____ / 2026

**Please delete as appropriate*

St. Joan of Arc Secondary School
" Tourism and Hospitality Studies
"Macau Tourism Industry Study Tour"

Student's Information

Students Name : _____ (English) _____ (Chinese, if any)
(Please write your name according to the travel document)

Class : _____ Gender : _____ Email : _____

Phone no. (Mobile) : _____ (Residential) : _____

Emergency Contact information

Name : _____ Relationship with students : _____

Phone no. : _____

Student's Declaration

"I hereby declare that all the information provided above is true and accurate, and I promise to abide by the rules set by the school and the organizing institution, to maintain discipline, participate in related activities, and fulfill the learning requirements set forth in the itinerary."

Name of Student : _____

Signature of Student : _____ Date : _____

Parent/Guardian Consent Form (to be signed by parents and guardians)

I am the parent/guardian* of _____ (Student name) and I hereby consent to the student's participation in the "Tourism and Hospitality Studies: Macau Tourism Industry Study Tour". The student will depart and return with the group as scheduled.

Name of Parent/Guardian : _____

Relationship with Student : _____

Signature of Parent/Guardian : _____ Date : _____

**Personal data collected in this form will be kept strictly confidential. The information collected will be used for this study tour. The collected data will be purged after the completion of the tour.*

**Health Declaration Form for
"Tourism and Hospitality Studies: Macau Tourism Industry Study Tour"**

To ensure the safety of your child, please fill the following form truthfully regarding their health condition. This will facilitate the care taking during the trip. The information provided will be kept strictly confidential. Thank you for your cooperation.

Student Name: _____ Class: _____ () Gender: _____ Age: _____

Please check [] and mark with a ✓ as appropriate.

1. Overall health condition of your child: [] Very good [] Normal [] Unsatisfactory [] Poor
If you selected unsatisfactory or poor, please specify: _____

2. Has your child been admitted to hospital/ undergo surgery in the past three years? [] No [] Yes
If yes, please specify the reason and provide details for surgery: _____

3. Does your child need to take medication regularly? [] No [] Yes
If yes, please specify: _____

4. Has your child undergone surgical procedures in a hospital? [] No [] Yes
Yes
If yes, please specify: _____

5. Has your child ever had diseases related to the circulatory system, heart, or blood, such as irregular heartbeat or chest discomfort? [] No [] Yes
If yes, please specify: _____

6. Has your child ever had diseases related to the respiratory system, such as asthma or bronchitis? [] No [] Yes
If yes, please specify: _____

7. Is your child allergic to any food or medication? [] No [] Yes
If yes, please specify: _____

8. Does your child have any other health conditions to declare? [] No [] Yes
If yes, please specify: _____

I hereby declare that the information provided in this health declaration form is correct, and that my child is in good health and has no disease that makes him/her unsuitable to participate in this tour. I also authorize the accompanying teacher or person in charge to make appropriate medical arrangements for him/her in an emergency.

Name of Parent / Guardian: _____ Signature of Parent / Guardian: _____

Date: _____