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

Notice to Parent / Guardian

Circular No.: CCA059/2026-2027

16th November 2026

Dear Parent or Guardian,

Visual Arts Visit to Paws Veterinary Hospital & "Children's Art Showing Love" Drawing Activity

This Visual Arts activity allows students to explore art and build self-confidence, while also learning to observe, understand, and care for the lives around them. We highly recommend your child's participation in the activity mentioned below. Please find the details below:

Event：	Visit to Paws Veterinary Hospital & "Children's Art Showing Love" Drawing Activity		
Date：	21/11/2026 (Saturday)	Location:	Paws Veterinary Hospital: Shop B03, B1/F, Capri Place, 33 Tong Yin Street, Tseung Kwan O
Schedule：	1:00 PM – 2:00 PM: Tour of the hospital environment and cat shelter 2:00 PM – 4:00 PM: Guided pet-drawing creative session led by instructors		
Participants： (20 students)	Mainly for S.4 and S.5 students taking Visual Arts; students from S.2 to S.6 who are interested in art are also welcome.		
Meeting Time and Location：	Time: 12:30 PM Location: Tseung Kwan O MTR Station Exit B1	Dismissal Time and Location：	Time: 4:15 PM Location: Dismiss at Tseung Kwan O MTR Station Exit B1
Teacher in Charge：	Ms. CHOW Ching Nga	Fees：	Free (Students should prepare their own transportation fee)

Please submit the reply slip on or before 20th November 2026 (Friday). If you have any inquiries regarding the above activity, please contact Ms. CHOW Ching Nga at 2578 5984.

Ms. HO Yee-wan Yvonne

Principal

Fill you with all joy and peace by means of your faith in him. (Romans 15:13)

Reply Slip Circular No: CCA059/2026-2027

Visual Arts Visit to Paws Veterinary Hospital & "Children's Art Showing Love" Drawing Activity

Dear Principal,

I have read and understood the details of the Visual Arts Visit to Paws Veterinary Hospital & "Children's Art Showing Love" Drawing Activity. I permit my child to participate in the above activity. Thank you.

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

Name of Parent/Guardian: _____ Class & Class No.: _____ ( )

Emergency Contact Number: _____ Student's Contact Number: _____

Date: _____