



Po Leung Kuk
Lo Kit Sing (1983) College

保良局羅傑承(一九八三)中學

Cheung Hong Estate, Tsing Yi, N.T., Hong Kong

香港新界青衣長康邨

Tel: 2497 7110

Fax: 2431 1156

Dear Parents,
各位家長：

P19012

Arrangement on Swimming Lessons
游泳課通知書

Please be informed that there will be P.E. swimming lessons held from 23rd September to 24th October, 2019 at 10:00am to 11:00am, in Kwai Shing Swimming Pool. Students are arranged to engage in the lessons unless they are suffering from illnesses. Registration for exemption will be approved on health grounds. If you have any query, please feel free to contact our P.E. teachers, Mr. Yu Chun Woon, Miss Lam Miko or Miss Lui Wai Yee.

本校將於二零一九年九月二十三日至十月二十四日(逢星期____)上午十時至十一時在葵盛游泳池舉行游泳課體育活動。貴子弟現須參與上述活動。敬請填妥回條,表明是否批准貴子弟參加,並請說明其健康狀況是否適宜進行該項活動。垂詢請聯絡體育科余俊垣老師、林曼華老師或呂慧儀老師。

Please acknowledge by replying the slip below and return to Mr. Yu Chun Woon, Miss Lam Miko or Miss Lui Wai Yee.

敬請填妥回條,著學生將回條交還余俊垣老師、林曼華老師或呂慧儀老師。

Po Leung Kuk Lo Kit Sing (1983) College
保良局羅傑承(一九八三)中學

Law Wing Chung, Principal 羅翹忠校長
9th September, 2019 二零一九年九月九日



Reply Slip 回條

P19012

I acknowledge the receipt of the circular about the "Arrangement on Swimming Lessons".

本人經已知悉 貴校來函有關「游泳課通知書」的事宜。

I approve that *he / she is healthy and able to attend the swimming lessons.
本人認為*他/她的健康正常,能參加該項活動。

I apply for exemption on the swimming lessons because *he / she is suffering from the following illness / health problem.
由於*他/她患有下列疾病,請豁免其參加是項活動。

Name of Student 學生姓名: _____

Class 班別: _____ CSNO 班號: _____

Name of Guardian 監護人姓名: _____
(Block Letters 中文正楷)

Signature of Guardian 監護人簽署: _____

Date 日期: _____

Please put a ✓ in the appropriate box 請於適當 內填上「✓」號