



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:

P18045

Survey of Smoking among Students 2018/19
香港中學生吸煙與健康調查 2018/2019

With response to the invitation from the Food and Health Bureau of the HKSAR Government, our school will participate in the exercise of "Survey of Smoking among Students 2018/19". The survey will be conducted by the School of Public Health of the University of Hong Kong. The survey will be conducted in accordance with stringent rules to ensure confidentiality of the information collected. Students participating in the survey will not be asked to provide personal identifying information and their anonymity will be guaranteed throughout the entire exercise. The survey will last for 30 minutes.

The survey for Form 1 to Form 3 students will be conducted after the First Term Test on 6th November, 2018.

Should there be any enquiries, please feel free to contact Mr. Chan Ka Fai, Assistant Vice-Principal at 24977110. Please acknowledge by signing and returning the slip to Form Teacher before 1st November, 2018.

應香港食物及衛生局的邀請，本校將參與和協助進行香港中學生吸煙與健康調查 2018/2019。是次問卷調查由香港大學公共衛生學院進行，問卷調查按照嚴格的規則及以不記名方式進行，參與調查的學生無須提供能識別個人身份的資料，以確保所收集信息的機密性。問卷調查需時約 30 分鐘。

本校將安排中一級至中三級學生於上學期測驗(6-11-2018)完畢後進行上述問卷調查。

如有任何疑問，請致電 24977110 向助理副校長陳家輝老師查詢。敬請填妥回條於 11 月 1 日以前交回班主任。

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

Law Wing Chung, Principal 羅穎忠校長
19th October, 2018 二零一八年十月十九日



Reply slip 回條

P18045

I acknowledge the receipt of the circular dated 19th October, 2018 regarding "Survey of Smoking among Students 2018/19". I herewith agree with my son/daughter will participate in the survey.

本人經已知悉 貴校十月二十九日來函有關「香港中學生吸煙與健康調查 2018/2019」事宜，並同意敝子弟參與上述活動。

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: _____