



Sir Ellis Kadoorie (S) Primary School

9 Eastern Hospital Road, Sookunpo, Hong Kong

Tel: 2577 3489

Fax: 2882 4520

Web: www.sekps.edu.hk

E-mail: webmaster@sekps.edu.hk

28th July, 2022

Notice No. 117/21-22

To: Parents / Guardians,

Knowing more about Hong Kong Community for Newly-arrived Children Visit (1)

To familiarise newly-arrived students with Hong Kong Community, a visit has been arranged for your child. Pupils will be accompanied by our teachers and the staff of Hong Kong Education Services Centre. Details are as follows:

Date:	10 th August 2022 (Wednesday)
Place:	Monopoly Dreams Hong Kong
Gather time and place:	9:00 a.m. at school
Dismissal time and place:	About 1:15 p.m. at school
Clothes:	P.E. uniform
Remarks:	1) Coach travel to and from the venue will be arranged for pupils. 2) If there is announcement from EDB about suspension of school due to adverse weather, the visit will be cancelled.

Please return the reply slip to your class teachers on or before 30/7/2022. For enquiries, please contact Ms. Ng Ngan Sze at 2577 3489. We are looking forward to your participation of this meaningful activity.

(Ms. YU Hing-yin)

Headmistress

Seize the Day



Seize the Day



Seize the Day



Seize the Day



Seize the Day

Our Vision: Develop fully pupils' potentials
Equip them with life-long learning skills
Help them integrate into local community
Develop a global outlook

Our Mission: It is our mission to provide a positive learning environment that enhances each child's opportunity to learn and to develop through educational programme which recognizes the need for growth in moral, intellectual, physical, social and athletic skills, knowledge and attitude.



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Reply Slip
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(Please return it to Ms. Ng on or before 30-7-2022)

Date: _____

To: Headmistress,

I have read the School Notice No. 117 dated 28-7-2022 and fully understand its content.

- My child will not join
 will join the visit on 10-8-2022.
- My child will have fulfilled
 will not have fulfilled requirements of the vaccine pass on the date of visit.
- My child will go home by himself /herself
 will be picked up by parents after the activity.





Pupil's name: _____ () Class: _____

Parent's/Guardian's Name in BLOCK LETTERS: _____

Parent's/Guardian's Signature: _____

Emergency Contact Telephone Number: _____

*Put a ✓ in the of your choice

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