

# 陳樹渠紀念中學

## Chan Shu Kui Memorial School

COPY

學校通告編號：S17/18 -145

### 「更生先鋒計劃」~ 思囚之路

敬啟者：本校訓導組將安排學生參觀懲教署職員訓練學院及馬坑監獄。詳情如下：

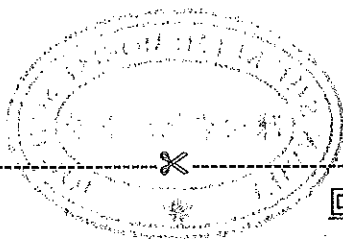
日期	時間	活動內容	集合地點	解散地點
21/5 (一)	3:45 p.m.至 4:15p.m.	簡介會	地理室	
24/5 (四)	1:10p.m.至 5:45 p.m.	參觀懲教署職員訓練學院及馬坑監獄	學校	九龍塘港鐵站
費用	全免			
負責老師	楊華老師、李文勁主任、謝潔雲老師			
備註	必須帶備身份證明文件			

如有查詢，請致電 2380 0241 與負責老師聯絡。

請於 4 月 27 日或以前將回條交楊華老師，以便辦理及備案。

此致  
貴家長

2018 年 4 月 20 日



校長 招祥麒博士

回 條

### 「更生先鋒計劃」~ 思囚之路

敬覆者：有關 貴校通告（編號 S17/18 -145）內容，業已知悉。

本人	<input type="radio"/> 同意 <input type="radio"/> 不同意	敝子弟參與是項活動。  * 請於適當○內加✓號
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此致  
陳樹渠紀念中學校長

學生姓名：\_\_\_\_\_

家長姓名：\_\_\_\_\_

班 別：\_\_\_\_\_ 班 號：\_\_\_\_\_

簽 署：\_\_\_\_\_

請於 2018 年 4 月 27 日或以前將回條交楊華老師

2018 年 \_\_\_\_ 月 \_\_\_\_ 日

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## 陳樹渠紀念中學

## Chan Shu Kui Memorial School

Circular no. S17/18 -145

20<sup>th</sup> April, 2018

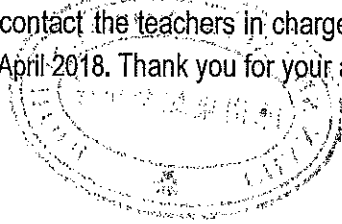
To: Parents of S.2 and S.3 Students

Rehabilitation Pioneer Project: The Reflective Path

The Discipline Committee has arranged a visit to the Staff Training Institute of the Correctional Services Department and the Ma Hang Prison. Details are as follows:

Date	Time	Activity	Venue of Assembly	Venue of Dismissal
21 <sup>st</sup> May 2018 (Monday)	3:45 p.m to 4:15p.m.	Briefing Session	Geography Room	
24 <sup>th</sup> May 2018 (Thursday)	1:10p.m. to 5:45 p.m.	visit the Staff Training Institute, Correctional Services Department and Ma Hang Prison	Amphitheater of the School	MTR Kowloon Tong Station
Fee	Free			
Teachers in Charge	Mr. YEUNG Wah, Mr. LI Man King, Ms. TSE Kit Wan			
Remark	Students must bring along their identity cards.			

For enquiries, please contact the teachers in charge at 2380 0241. Please return the reply slip to Mr. YEUNG Wah on or before 27<sup>th</sup> April 2018. Thank you for your attention.



Mr. CHIU Cheung Ki  
Principal

Reply Slip

Rehabilitation Pioneer Project: The Reflective Path

To: The Principal, Chan Shu Kui Memorial School

Circular no. S17/18 -145 has been read and understood.

- allow  
 do not allow
- my child to join the activity.
- \* Please put a "✓" in the appropriate circle.

Name of student: \_\_\_\_\_

Name of parent: \_\_\_\_\_

Class: \_\_\_\_\_ Class no.: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return the reply slip to Mr. YEUNG Wah on or  
before 27<sup>th</sup> April 2018.

Date: \_\_\_\_\_