

陳樹渠紀念中學

Chan Shu Kui Memorial School

學校通告編號：S23/24-015

體育課家長同意書

體育是本校基本核心課程，學生均須上體育課。惟家長必須留意，如 貴子弟有任何健康問題，應徵詢醫生的意見，以確定是否適宜上體育課。如 貴子弟需要暫時或長期豁免上體育課時，必須呈示註冊醫生證明書。

請於2023年9月8日前，將下列回條交回班主任。若發現 貴子弟有任何健康狀況的改變，請立刻通知本校。

如有查詢，請致電2380 0241，與體育科科主任同楚孝老師聯絡。

此致
各位家長



招祥麒

校長 招祥麒博士

2023 年 9 月 1 日

回 條

敬覆者：有關 貴校通告（編號 S23/24-015）內容，業已知悉。

有關 敝子弟體育課的安排如下：(請於適當的方格內加上「✓」號)

☐ 適宜上體育課

☐ 不適宜上體育課，茲附上醫生證明書

☐ 豁免由 _____ 至 _____ 上體育課，茲附上醫生證明書

☐ 只適宜參與經醫生建議的活動，茲附上醫生證明書

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：_____

緊急聯絡電話：_____

請於 2023 年 9 月 8 日前，將回條交回班主任

2023 年 ____ 月 ____ 日

陳樹渠紀念中學

Chan Shu Kui Memorial School

School circular no.: S23/24-015

1 September 2023

Dear Parents/ Guardians,

Parent's consent for child to take part in physical education lessons

Physical education is an essential part of our school curriculum. All students must attend physical education lessons. In case your child has medical conditions, please consult a doctor for a thorough assessment to ensure that your child is physically fit to take part in PE lessons. Medical certificates issued by a registered doctor must be presented in order to apply for a temporary / permanent exemption from participating in the PE lessons for your child.

Please return the signed reply slip to the class teacher by 8 September 2023. Please inform the school immediately when there is a change in the medical condition of your child. For enquiries, please contact Mr. Chow Chor Hau, Panel Head of P.E., at 2380 0241.



Chiu Cheung Ki

Dr. Chiu Cheung Ki
Principal

Reply Slip

To: The principal

I have read the circular (no. S23/24-015). I fully understand it and give my consent regarding PE lessons arrangement for my child.

Please ☒ tick the appropriate box

☐ My child can take part in physical education lessons.

☐ My child cannot take part in physical education lessons. I attach the medical certificate.

☐ I apply for an exemption for my child to take part in physical education lessons from _____ to _____, I attach the medical certificate.

☐ My child can only take part in the specified activities approved by the doctor during the physical education lessons. I attach the medical certificate.

Name of student : _____

Name of Parent/Guardian : _____

Class : _____ Class number : _____

Signature : _____

Emergency contact number : _____

Please return the signed reply slip with relevant supporting documents to the class teacher by 8 September 2023

Date: _____