



Evangel College

播道書院  
Evangel College

將軍澳至善街七號

No. 7, Chi Shin Street, Tseung Kwan O

電話 Telephone : 2366 1802

傳真 Fax no. : 2366 1732

31 May 2017

**Circular for Parents 2016/2017 P308**  
**“2017 年全港小學 STEAM 創新大賽 - 實地訓練工作坊”**

Dear Parents/ Guardians,

I am pleased to inform you that your child has been selected to represent the school in “2017 年全港小學 STEAM 創新大賽”. Participants need to attend a training workshop. The details of the event are as follows:

<b>Date</b>	2 June 2017 (Friday)
<b>Event</b>	“2017 年全港小學 STEAM 創新大賽 - 一起高飛比賽 (實地訓練工作坊)”
<b>Venue</b>	CCC Rotary Secondary School (中華基督教會扶輪中學)
<b>Time &amp; Place of Gathering</b>	13:00 : Evangel College – Ucan
<b>Time &amp; Place of Dismissal</b>	17:00 : Lok FU MTR station, Exit A
<b>Reminder:</b>	
1. If Red or Black Rainstorm Warning Signal is issued or Tropical Cyclone Warning Signal No. 3 or above is hoisted or the EDB announces the suspension of school <b>2 hours before</b> the start of the activity, the activity will be cancelled.	

Please fill out and return the reply slip to Mr. WONG Chun Keung **on or before 1 June, 2017**. Should you have any enquiries, please feel free to contact Mr. WONG Chun Keung at 2366 1802.

Yours sincerely,

LO Wai Shing Vincent MH  
Chief Principal  
Evangel College

Re : Circular for Parents 2016/2017 NO. P308

31 May 2017

Creative Technology – “2017 年全港小學 STEAM 創新大賽 - 實地訓練工作坊”

Dear Principal,

I have read the notice about the training workshop.

I **would** like to allow my child to join the workshop.

<b>Dismissal arrangement</b>	
<input type="checkbox"/>	My child will leave venue <b>with parents or helpers.</b>
<input type="checkbox"/>	My child will leave venue <b>with other classmates' parents or helpers.</b>
Name of classmate: _____ Class of classmates: _____	
<input type="checkbox"/>	My child will leave venue <b>by himself / herself</b> (Only applicable to <b>P.5&amp;P.6</b> students).

I **would not** like to allow my child to join the workshop.

Class :     **P.**    (     )    

Student Name : \_\_\_\_\_

Parent / Guardian Name : \_\_\_\_\_

Parent's / Guardian's Signature : \_\_\_\_\_

Parent's / Guardian's Contact Number : \_\_\_\_\_

\*Please put a “✓” inside “□” whichever is appropriate.

Please return the reply slip to **Mr. WONG** on or before 1/6 /2017.