

PAOC Ka Chi Secondary School
加拿大神召會嘉智中學
School Circular No. 27 (2015-2016)
家長通告第二十七號 (2015 至 2016 年度)
【Drama Training Camp】
【戲劇訓練營】

26 February 2016

Dear Parents,

With the purpose of developing students' talents in performance as well as fostering their characters of self-confidence, perseverance, patience and team spirit, the school is planning for a drama training camp, the details of which are as follows:

Date of camp: 5 – 8 April, 2016 (overnight)
Campsite: PAOC Ka Chi Secondary School campus
Instructors: Experienced crew led by Ms. Grace Cheng, a veteran theatrical performing artist
Targets: All F. 1 to F. 5 students of Ka Chi Secondary School
Quota: 15 - 20
Fee: Free of charge
Others: Participants have to attend 3 pre-camp training sessions, 6 post-camp rehearsal sessions, and a final performance during the post-examination activity week.

We strongly encourage you to allow your child to participate in this training camp, which would surely be an unforgettable memory and a valuable training. Please fill in the reply slip to indicate your preference and have the slip returned to the class teachers on 29 February.

Please feel free to call Vice-principal Mr. Chau at 2441 3818 if there is any question.

Yours faithfully,



Principal Wong Wai Keung

敬啟者：

學校計劃籌辦一個戲劇訓練營，一方面可以發展學生的演藝天份，另一方面也可藉訓練過程培育他們的自信、堅毅、忍耐和合作等品格。此訓練營的詳情如下：

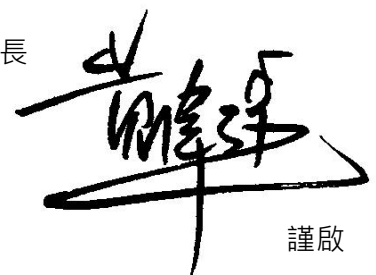
營期：二零一六年四月五日至八日 (宿營)
營地：加拿大神召會嘉智中學校舍
導師：由資深舞臺劇藝術工作者鄭鳳玲小姐擔任藝術，以及有豐富演藝經驗的團隊
對象：本校中一至中五學生
名額：15 – 20 人
費用：全免
其他：參加者須出席三次營前訓練，六次營後綵排，以及在試後活動期間的演出

我們極為鼓勵家長支持貴子弟參與此難得和難忘的訓練營。請填好回條，於二月廿九日交回班主任。如有任何查詢，歡迎致電 2441 3818 與周偉誠副校長聯絡。

此致

貴家長

校長



謹啟

二零一六年二月廿六日

【Reply Slip 回條】

Please hand in the reply slip to your class teacher on 29 February, 2016 (Monday)

請於二零一六年二月二十九日(星期一)或以前將此回條交回有關班主任。班主任收集全班後交校務處備案。

Dear Principal,

Having received the School Circular No. 27 concerning the **【Drama Training Camp】**, I am fully aware of the details, and my child

敬覆者：

本人已細閱家長通告第二十七號，藉悉有關**【戲劇訓練營】**事宜，並知悉詳情。敝子弟

- * want to apply for the Drama Training Camp
申請參加此戲劇訓練營
- * does not want to apply for the Drama Training Camp
不申請參加此戲劇訓練營

*(Please put a“√”in the appropriate box.)

(請以“√”號選擇合適的選項)

此覆

加拿大神召會嘉智中學校長

Name of Student	學生姓名	_____
Class	班別	_____
Class Number	學號	_____
Name of Parent	家長姓名	_____
Signature of Parent	家長簽名	_____
Date	日期	_____