

德貞女子中學
二零二四至二零二五年度
英文科 英文自信演說培訓課程 – 分享會暨頒獎典禮

敬啟者：

貴子女早前參加了由大灣區共同家園青年公益基金與斯程教育共同協辦的英文自信演說培訓課程，並在課程中表現卓越。為嘉許 貴子女的努力與成就，現誠邀 貴子女與家長一同參與由主辦單位所舉辦的分享會暨頒獎典禮，活動詳情如下：

活動項目：	英文自信演說培訓課程 – 分享會暨頒獎典禮
活動日期：	9月28日（星期六）
活動時間：	上午11時至中午12時
活動地點：	YO PLACE 築夢空間 香港上環德輔道西9號16樓
費用：	免費
負責老師：	周寶瑩老師、謝美怡老師

請著 貴子女於9月25日前回覆並把回條交回周寶瑩老師或謝美怡老師，並請督促 貴子女依時出席活動。如有任何問題，請致電2729 3211與負責老師聯絡。

此致
學生家長

德貞女子中學校長

謹啟

二零二四年九月二十日

-----回 條 -----

編號：051

敬覆者：

本人已知悉小女參加英文自信演說培訓課程 – 分享會暨頒獎典禮，並督促小女依時出席活動。小女將會再攜同 ***1/2/3/4** 位嘉賓一同出席活動。

此覆
德貞女子中學校長

中_____級_____班_____號學生：_____

學生家長/監護人簽署：_____

學生家長/監護人姓名：_____

學生家長/監護人電話：_____

二零二四年 月 日

*請圈出合適答案。

(收集家長/監護人聯絡電話，目的是讓負責老師在有需要時聯絡家長，有關資料將於活動完結後銷毀。)

Tack Ching Girls' Secondary School
2024-2025
English Department
Public Speaking with Confidence Sharing Session and Awards Ceremony

20th September, 2024

Dear Parents / Guardians,

We are thrilled to inform you that your daughter has participated in the **English Public Speaking with Confidence Programme** and has performed outstandingly in the course. To celebrate her achievements, we would like to invite you and your daughter to the award presentation ceremony to celebrate her hard work and success. Please kindly find the details below:

Activity:	English Public Speaking with Confidence Programme – Sharing Session and Award Ceremony
Date:	28 th September 2024 (Sat)
Time:	11am – 12nn
Venue:	YO PLACE 築夢空間 16/F, No. 9 Des Voeux Road West, Sheung Wan
Fee:	Free-of-charge
Teachers-in-charge:	Ms Chow Po Ying Crystal & Ms Tse Mei Yee Amy
Event organizers:	Greater Bay Area Homeland Youth Community Foundation (GBA) & See Change Education (SC)

Please complete the reply slip and return it to Ms Chow Po Ying Crystal or Ms Tse Mei Yee by 25th September, 2024. Please also remind your child to attend the event punctually. For any enquiries, please feel free to call 2729 3211 to contact the teachers-in-charge.

Yours faithfully,

Chung Ka Lo Carol
Principal

-----Reply Slip -----

No. : 051

_____ September, 2024

Dear Principal,

I have been informed that my child will participate in the **Public Speaking with Confidence Sharing Session and Awards Ceremony**. I will ensure that she attends the event punctually. In addition to my daughter, there will be * 1 / 2 / 3 / 4 guest(s) joining the event.

Name of student: _____

Class & Class No.: _____()

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Phone number of Parent/Guardian: _____

*Please circle the correct answer.

(Collection of parents' contacts is for safety reason in case of emergency. The information will be discarded after the activity.)