

德貞女子中學
二零二五至二零二六年度
學生支援組 非華語學生中文評估 通告

敬啟者：

為加強支援非華語學生學習中文，本校學生支援組將為非華語學生進行中文評估，詳情如下：

活動項目：	非華語學生中文評估
日期：	9/10, 14/10, 16/10, 21/10
地點：	401 室、402 室
時間：	下午 3：30 – 4：30
費用：	全免
負責老師：	梁頌儀老師、區凱婷老師、劉苡喬老師
其他：	<ul style="list-style-type: none"> ● 學生必須出席。 ● 如因事缺席，請先通知負責老師並於翌日補交家長信。 ● 將於課後苗圃活動抽離同學進行評估。

請著 貴子女於 10 月 8 日前，以 e-class 電子通告形式回覆本校，並請督促 貴子女依時出席活動。如有任何問題，請致電 2729 3211 與梁頌儀老師聯絡。

此致
學生家長

德貞女子中學校長

謹啟

二零二五年十月二日

-----回 條 -----

編號：080

敬覆者：

本人已知悉小女參加 貴校的非華語學生中文評估活動，定當督促小女依時出席活動。

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：_____

學生電話：_____

二零二五年____月____日

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

Tack Ching Girls' Secondary School

2025-2026

Student Support Team Chinese Assessment for Non-Chinese Speaking Students

2nd October, 2025

Dear Parents/ Guardians,

To enhance support for non-Chinese speaking students in learning Chinese, the Student Support Team will conduct Chinese language assessments for these students. The details are as follows:

Event :	Chinese Assessment for Non-Chinese Speaking Students
Date :	9/10, 14/10, 16/10, 21/10
Venue :	Room 401, 402
Time :	3:30 – 4:30 pm
Fee :	Free of charge
Teacher in charge :	Ms Leung Chung Yee, Miss Au Hoi Ting, Miss Lau Yi Kiu
Others :	<ul style="list-style-type: none"> ● Students must attend the assessment. ● If your child needs to be absent for any reason, please inform the teacher-in-charge in advance and submit a parent's letter the following day. ● Students will attend the assessment during the after-school sessions on Tuesday and Thursday.

Please complete the reply slip below and return it to the teachers-in-charge by 8/10/2025. Kindly remind your child to attend the assessment punctually. For enquiries, please contact Ms. Leung Chung Yee at 2729 3211.

Yours faithfully,

Carol Chung
Principal

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

No. : 080

_____ October, 2025

Dear Principal,

I acknowledge that my child will participate in the Chinese Assessment for Non-Chinese Speaking Students, and I will remind my child to attend the above sessions punctually.

Name of student: _____

Class & Class No.: _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Phone number of Parent/Guardian: _____

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