



粵華中學校務處

## 教育暨青年局舉辦戶外教育營計劃

## 敬啟者:

本校**英中三甲、乙、丙**(三班)學生,訂於**二零一四年十二月十五及十六日(星期一及二)**参加教育暨青年局舉辦之中學生戶外教育營計劃。

戶外教育營是以宿營方式作為教育活動,讓學生在輕鬆的氣氛及戶外的環境中,藉群體生 活及不同形式的挑戰活動學習及成長。

歷奇戶外教育營,營地設於**路瑕九淚鮑思高責年村**。營內設施多元化,有可供 150人宿 營之空調客房、膳食飯堂、大小型會議場地、影音器材、康樂室、燒烤場、足球場、籃球場、 緩跑徑、攀石場、箭藝場、繩網及兒童遊樂場等,設備安全。兩日一夜宿營活動均有随營之老 師以戶外活動形式授課,專業導師負責康體活動及訓練。教育暨青年局將會為學生購買保險。

参加者享有兩日一夜食宿、交通、多姿多采之活動,費用全免;不参加者,必須回校上課。 此致

貴家長/監護人台啟

×	二零一四年十一月六日
回條(請填妥回條於兩天內呈與 班主任存後	<b>(</b> *)
敬覆者: 顷接 貴校通告,藉悉有關事宜。	
本人 🗌 同意 / 🗆 不同意 🕷子弟参加中學生戶外教育營計劃。	此覆
凡參加本活動的同學須遞交註冊西醫生簽署之健康證明於 11 月 1	7 日前交給班主任。
班別: 學號: 學生姓名:	

家長簽署:

B

期:2014年11月 \_\_\_日



6th November, 2014

Dear Parent/Guardian,

The Form 3 A/B/C students will join the Outdoor Educational Camp organized by the Education and Youth Affairs Bureau on 15<sup>th</sup> and 16<sup>th</sup> December 2014( Monday and Tuesday ).

Outdoor Educational camp is an educational activity in the form of overnight camping. The students will be given a series of challenges and team work activities in a relaxed atmosphere and in the outdoors.

The camp site is situated in **Don Bosco Youth Village in Coloane**. It has air-conditioned rooms and can accommodate 150 students. It also has a variety of facilities such as a dining hall, conference halls, multimedia devices, BBQ ground, football ground, basketball ground etc. Students will be accompanied by teachers during the entire activity. The Education and Youth Bureau will also pay for the students' insurance premium for the duration of the camp.

All charges for the camp have been paid by the Education and Youth Affairs Bureau. Students who are not participating will be required to come back to school to have regular lessons.

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General Office	
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Reply Slip	
(Please return this slip to the Form Master/Mistress within two days after receiving this notice.)	
Dear teacher,	
I am well informed of the notice dated 6th November, 2014.	
My son will join the Outdoor Educational Camp.	
My son will not join the Outdoor Educational Camp.	
Every student joining this camp is required to submit a health certificate signed by a registered medical practitioner by $17^{\rm th}$ November 2014.	
Class: No.: Student's Name:	
Parent's Signature:	
Notes	