



靈糧堂怡文中學

Ling Liang Church E Wun Secondary School

電話：2109 4000 傳真：2109 4066

Circular 2020/2021 No.098

14th May, 2021

Dear Parents/Guardians,

Form 6 Reunion and Gospel Day Camp

To encourage graduating students to explore their future goals and to foster fellowship between students and teachers, the Religion Affairs Committee will hold a “Form 6 Reunion and Gospel Day Camp” on 17th June, 2021. The details of the activity are as follow:

- Date: 17th June, 2021 (Thursday)
Time: 12:45 pm – 5:00 pm
Venue: Ling Liang Church E Wun Secondary School
Activities: Group activities, photo taking within the campus, sharing by teachers and students, hymns and message sharing etc.
Venue of assembly: School hall
Teacher-in-charge: Mr. Wan Chi Man
Apparel: Tidy causal wear
Fee: Free of charge
Remarks:
1. Participants must fill in the Health Declaration Form prior to the event.
2. Participants must observe the social-distancing measures and wear a mask at all times. Participants should bring sufficient amount of water to stay hydrated.
3. Participants must follow their teachers’ instructions and are not allowed to leave without permission.
4. If a Tropical Cyclone Warning signal No.3 or above is hoisted, a Red or Black Rainstorm Warning is issued or the suspension of schools is announced by the Education Bureau before 11:00 am, the activity will be cancelled. If the signal or warning is lowered or cancelled before 11:00 am, the event will proceed as scheduled.

Please sign the Reply Slip on the eClass Parent App before 28th May, 2021. Should you have any enquiries, please contact Mr. Wan Chi Man of the Religious Affairs Committee at 2109 4000.

Yours faithfully,

Mr. Law Wai Man
Principal

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Reply Slip

_____ May, 2021

Dear Principal,

I have noted the details of the Circular 2020/2021 No.098 on “Form 6 Reunion and Gospel Day Camp” and

- *☐ I allow my child to participate in the aforesaid activity and I will remind my child to take care of his/her own safety.
*☐ I do not allow my child to participate in the aforesaid activity.

Signature of parent/guardian: _____

Name of parent/guardian: _____
(Block Letter)

Contact telephone number: _____

Name of Student: _____ Class: _____ Class No: _____

*Please tick in the box as appropriate.



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Health Declaration Form

To ensure the safety of all participants, please complete the Health Declaration Form below. We will evaluate whether the participant is suitable to join the activity or we may make appropriate arrangements. All information will be treated as strictly confidential.

Question	Yes*	No*	If yes, please specify
1. Has your child ever been told by the doctor that he/she has heart disease?			
2. Has your child ever experienced heart and/or chest pain?			
3. Does your child often experience symptoms of dizziness?			
4. Has your child ever been told by the doctor that his/her blood pressure is too high?			
5. Has your child ever been diagnosed with bone or joint disorders (such as arthritis) which was/ will be deteriorated by sports?			
6. Is your child usually less involved in outdoor activities and strenuous exercise?			
7. Is your child currently taking prescribed drugs on a long-term or regular basis?			
8. Does your child have any food / drug allergy?			
9. Has your child been hospitalized or undergone surgery over the last 3 years?			
10. Has your child ever suffered from the following diseases: * <input type="checkbox"/> Hypertension * <input type="checkbox"/> Asthma * <input type="checkbox"/> Claustrophobia * <input type="checkbox"/> Itch epilepsy * <input type="checkbox"/> Tuberculosis * <input type="checkbox"/> Fractures * <input type="checkbox"/> Diabetes * <input type="checkbox"/> Kidney disease * <input type="checkbox"/> Hemophilia * <input type="checkbox"/> Anemia * <input type="checkbox"/> Gastrosia * <input type="checkbox"/> Convulsions caused by high fever * <input type="checkbox"/> Glucose-6-Phosphate Dehydrogenase deficiency * <input type="checkbox"/> Others_____			

*Please tick in the box as appropriate.