

Tung Chung Catholic School



東涌天主教學校

8 Yat Tung Street, Yat Tung Estate, Tung Chung, NT

新界東涌逸東邨逸東街 8 號

Tel : 2121-0884

Fax : 2109-4803

十月份通告二十四
民安隊新少年團宣誓禮

本學年中一級民安隊訓練已於九月中旬開展，為了讓家長們都能共同見證子女的努力，本校誠邀家長們參與民安隊的宣誓禮，有關詳情如下：

日期：2019 年 11 月 2 日 (六)
入座時間：下午 3 時正
典禮時間：下午 3 時 30 分至 4 時 30 分
地點：東涌天主教學校中學部操場

是次宣誓禮為一個簡單而莊嚴的典禮，屆時會有列隊步操及檢閱禮，家長更可於典禮後與子女拍照留念。盼望各位家長都能撥冗出席是次宣誓禮，以示對子女的支持。

以上通告
中一級民安隊家長/監護人

校長

校長

陳珮珊謹啟

林志江謹啟

二零一九年十月二十一日

回 條(十月份通告二十四/ 民安隊新少年團宣誓禮)
(請於十月二十九日前交回班主任)

本人 已詳閱十月份通告二十四及知悉有關安排。 / 對本通告有不明白的地方，並欲提出意見：

本人 將無暇出席是次宣誓禮。

本人 將依時出席是次宣誓禮，參加人數為_____人。

(由於場地有限，每個家庭最多 4 人參與)。

學生姓名：_____ 班 別：_____ 學號：_____

家長/監護人簽署：_____ 家長/監護人姓名：_____ 日期：_____

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**24th Notice for October
Civil Aid Service(CAS) CADET CORPS Swearing-in ceremony**

21st October, 2019

Dear Parents/Guardians,

This school year a CAS training session for S.1 classes was carried out in late September. In order to allow parents to witness the efforts of their children, the school now invites parents to participate in the Swearing-In ceremony of the cadets. The details are as follows:

Date : Saturday November 2, 2019
Admission time : 3:00 p.m.
Ceremony : 3:30 p.m. to 4:30 p.m.
Venue : Tung Chung Catholic School playground

It is a simple and solemn ceremony. There will be a line up and inspection ceremony. Parents can take pictures of their children after the ceremony. We hope that all parents will be able to attend the ceremony to show their support for their children.

Yours sincerely,


Ms. Chan Pui Shan
Principal


Mr. Lam Chi Kong
Principal

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Reply Slip (24th Notice for October/CAS CADET CORPS Swearing in ceremony)
(Please return the notice to the class teacher on or by October 29)

- I have read this notice and have no queries.
 I have some queries about this notice and wish to express my view:

- _____
- I will not attend the ceremony.
 I will attend the ceremony. The number of participants is _____.
(Due to limited space, up to 4 people per family are allowed)

Name of Student: _____ Class : _____ Class number: _____

Signature of Parent/Guardian: _____ Name of Parent/Guardian: _____

Date : _____