



ST. LOUIS SCHOOL
Circular No. 35 (17-18)

8th September, 2017

Dear Parents/Guardians,

Re: Peer Mentor Scheme - Mentors & Mentees Training Camp 2017

I extend my warmest welcome to your child for becoming a member of Student Guidance Team. One of the aims of SGT is to conduct a “**Peer Mentor Scheme**” to facilitate the adaptation S1 students to the changes and challenges of secondary school life.

In order to enhance the self-esteem and resilience of SGT members, a training camp will be held from 4th November to 5th November, 2017. **All S1 students are invited to participate.** Please note that Adventure-based activities will be incorporated into the camp. Qualified instructors will be provided to ensure all activities are carried out in a safe environment. Details of the camp are as follows:

| | (1) Pre-camp Meeting | (2) Training Camp |
|-----------------------------|--|--|
| Venue | St. Louis School, General Purpose Room (GP Room) | Jockey Club Cheung Chau Don Bosco Youth Centre |
| Date | 26 October, 2017 (Thu) | 4 th November, 2017 (Sat) ~ 5 th November, 2017 (Sun) |
| Fee | N.A. | HK\$250 (Please pay by <u>cash</u> or <u>cheque</u> payable to “The IMC of St. Louis School”) |
| Place and Time of Assembly | G.P. Room/ 1:10 p.m. | Central Pier (No.5) / 12:45 p.m. (4 th November, 2017) |
| Place and Time of Dismissal | G.P. Room/ 1:30 p.m. | Central Pier (No.5) / 3:30 p.m. (5 th November, 2017) |
| Instructors | School Social Worker & Pastoral Care Teachers | School Social Worker & Pastoral Care Teachers |

Please return the following reply slip with camp fee to your child’s class teachers on or before **15th September, 2017(Friday)**. Should there be any queries, please feel free to contact **Mr. Yung Yat Pui (Pastoral Care Master)** or **Ms. Jessie Tse (School Social Worker)** at **2546 0117 (school)** or **2549 5106 (centre)**.

(Mr. Yung Yat Pui)
for the Principal

-----><-----><-----><-----
Reply slip

Circular No. 35 (17-18)

Re: Peer Mentor Scheme - Mentors & Mentees Training Camp 2017

Dear Principal,

I *allow/do not allow my child _____ of Class _____ (No. _____) to take part in the Mentors & Mentees Training Camp 2017.

Signature of Parent/Guardian : _____

Name of Parent/Guardian : _____

Student’s Contact Number : _____

Parent’s Contact Number : _____

Date : _____

* Please delete as appropriate



聖類斯中學
通告第 35 號 (17-18)

各位家長/監護人：

2017-2018 年度「大哥哥計劃訓練營」

歡迎 貴子弟加入本校學生輔導組，該組成立的宗旨為推行「大哥哥計劃」予中一同學，使他們盡快適應中學的生活及挑戰，並且提升自信心。該組將於 2017 年 11 月 4 日至 11 月 5 日舉行『學生輔導組大哥哥計劃訓練營』，**所有中一同學均獲邀請參加**。訓練包括歷奇活動，營地會安排合資格的導師指導各參加者，以確保各項活動均在安全情況下進行，訓練營詳情如下：

| | (1) 營前會 | (2) 訓練營 |
|---------|-----------------------|--|
| 地點 | 聖類斯中學 廣用室 | 賽馬會長洲鮑思高青年中心 |
| 日期 | 2017 年 10 月 26 日(星期四) | 2017 年 11 月 4 日至 11 月 5 日 (星期六及日) |
| 費用 | 不適用 | 港幣 250 元 (支票抬頭： 聖類斯中學法團校董會) |
| 集合地點及時間 | 廣用室，中午 1 時 10 分 | 中環往長洲 (5 號碼頭) / 中午 12 時 45 分 (11 月 4 日) |
| 解散地點及時間 | 廣用室，中午 1 時 30 分 | 中環往長洲 (5 號碼頭) / 下午 3 時 30 分 (11 月 5 日) |
| 負責人 | 學校社工，關顧組老師 | 學校社工、關顧組老師 |

請填妥以下回條，並著令 貴子弟連同營費於 9 月 15 日 (星期五) 或之前交回班主任。如有任何查詢，請致電 2546 0117 (學校) 或 2549 5106 (中心) 與容逸沛老師或駐校社工謝少蘭姑娘聯絡。

校長 余立勳
(容逸沛老師代行)

二零一七年九月八日

回 條

通告第 35 號 (17-18)

2017-2018 年度「大哥哥計劃訓練營」

余校長：

本人為學生 _____ (班別 _____ 學號 _____) 的家長/監護人，現知悉有關 2017-2018 年度「大哥哥計劃訓練營」事項。本人*同意/不同意小兒參加此項活動。

家長/監護人簽名：_____

家長/監護人姓名：_____

家長/監護人聯絡電話：_____

學生聯絡電話：_____

日 期：_____

* 請刪去不適用者。