ST. LOUIS SCHOOL

Circular No. 252 (17-18)

9th May, 2018

Dear Parents/Guardians,

Re: Student Activity Association: Student Leaders Training Program

SAA is organizing a training program for students who want to enrich their school-life by actively participating in different types of activities. Below are the objectives of this program:

1. Students can learn more about the structure of activities in the school.
2. Students can arrange and lead an activity with the aid of helpers.
3. Students can improve their skills in communication and job division.
4. Students can learn to strike a balance between activities and studies.

Students who would like to be club chairmen in the next academic year are requested to complete the whole program (workshops and camp). Students who are the candidates of the upcoming student leaders election are requested to attend the training camp of this program.

Training Workshops (Club chairman applicants)		**Training Camp (Club chairman applicants and election candidates)**	
Date	**27 June, 5 July, 6 July and 9 July**	**Date**	**29 June to 30 June**
Time	**2 pm to 4 pm**	**Gathering:** **Dismissal:**	**1:45 pm at St Louis School** **1:15 pm at Shek Mun MTR station**
Venue	**Classroom B308**	**Campsite**	**Breakthrough Youth Village**
Fee: $300 (For the residential and catering fee of the training camp) ***Eligible students can apply for the Jockey Club Life Wide Learning Fund**			

Having different sets of experiences is essential for an all-round development of students. The school believes that this program would benefit every participant in terms of their personal development. Please fill in the reply slip and return it with the fee to Mr. Chong Wing Kit on or before 23rd May, 2018. Should you have any enquiries, please contact Mr. Chong at 2559 9084.

(Mr. Chong Wing Kit)
for the Principal

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Reply slip Circular No. 252 (17-18)

Re: Student Leaders Training Program

Dear Principal,

I *allow/do not allow my child _____ of Class _____ (No. _____) to take part in the Student Leaders Training Program.

Signature of Parent/Guardian : _____

Name of Parent/Guardian : _____

Emergency Contact Number : _____

Student's Mobile Number : _____

Date : _____

* Please delete as appropriate.

To dear students/ teachers: Please forward this slip with the fee to CWK

SLTW