



ST. LOUIS SCHOOL

Circular No. 332 (22-23)

11th August, 2023

Dear Parents/Guardians,

**Re: Mindshift Educational Networking Programme –
Experience Sharing and Closing Ceremony**

Thank you for your son's / charge's participation in this year's Mindshift Educational Networking Programme. In recognition of participants' achievement in promoting positive mental health at school, they are invited to the Experience Sharing and Closing Ceremony. Details are as follows:

Date	19 August 2023 (Saturday)
Time	10:15 a.m. – 1:00 p.m.
Venue	Studio 303, Chong Yuet Ming Cultural Centre, The University of Hong Kong (HKU Station, Exit A2)
Attire	School summer uniform and school tie

The Experience Sharing and Closing Ceremony will be held in a hybrid form at The University of Hong Kong while live-streaming via Zoom. If your son / charge is unable to attend the ceremony in person, he may also sign up for the Zoom session at <https://forms.gle/sDPLQr5ETQ3u7aUp8> by 15 August 2023. Parents are also welcome to sign up for the Zoom session to attend the event online. An invitation with the Zoom link will be sent in another email.

Please kindly acknowledge receipt of this e-notice and complete the reply slip by 15 August 2023 (Tuesday). For enquiries, please contact Ms NG Kar Wai Vivien at 2546 0117.

Thank you for your kind attention.

Ms NG Kar Wai Vivien
for Principal

敬啟者：

「思動計劃」- 學校經驗分享會暨嘉許禮 2022 -2023

由優質教育基金資助，香港大學李嘉誠醫學院精神醫學系及思覺基金主辦的「思動計劃」旨在推廣中學生的精神健康教育，增加他們對精神健康問題，尤其思覺失調的認識。貴子弟於過去一年積極參與本年度「思動計劃」的活動，學習與精神健康相關的知識，現誠邀 貴子弟出席於2023年8月19日上午10時半至下午1時於香港大學莊月明文化中心3樓Studio 303舉行的學校經驗分享會暨嘉許禮，一同分享完成計劃的喜悅。教育局的嘉賓將會親臨典禮並為學生頒獎。如 貴子弟可以出席活動，謹請填妥回條。

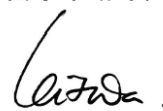
備註：

1. 未能出席實體活動的學生亦可透過網上視像會議形式參加分享會暨嘉許禮
2. 如於活動當天因事請假，請致電 9578 3571 或電郵至 mindshiftenp@gmail.com 與何小姐聯絡
3. 如活動期間天文台發出八號或以上熱帶氣旋警告信號或紅色暴雨警告信號，除非有關信號在上午8:30或之前除下或取消，否則當日的活動將會透過網上視像會議舉行
4. 如因其他事故，教育局宣佈當日中學上午停課，活動將會透過網上視像會議舉行

此致

各位家長/監護人

香港大學李嘉誠醫學院
精神醫學系臨床副教授



陳喆燁醫生謹啟

二零二三年七月二十八日

「思動計劃」- 學校經驗分享暨嘉許禮2022 -2023 家長回條

本人已細閱「思動計劃」- 學校經驗分享暨嘉許禮之詳情，並同意/ 不同意本人之子弟於上述日期及時間到相應地點出席活動及領取證書。

學校名稱： 聖類斯中學 學生姓名： _____

家長/監護人姓名： _____ 緊急聯絡電話： _____

家長/監護人簽署： _____ 日期： _____