



ST. LOUIS SCHOOL

Circular No.300 (23-24)

5th July, 2024

Dear Parents/Guardians,

"Epiphany" Joint School Service Camp

The Youth Club is cordially invited to co-organize "Epiphany", a Joint School Service Camp with the University of Hong Kong Social Service Group (HKUSSG). On this service camp, participants can learn invaluable community service knowledge and have an opportunity to experience volunteer service with college students. Through this project, we hope the participants can have enhanced awareness on the importance of community service and in doing so, promote a sense of altruism. Details are as follows:

Activity Schedule:

Service Camp Activity Day	
Date and time:	Day 1: 21 st July, 2024 from 1:00 p.m to 6:45 p.m Day 2: To be confirmed: Could be any ONE of the following dates between 22 nd July, 2024 and 2nd August, 2024
Gathering and dismissal venue:	Room 105, Chong Yuet Ming Amenities Centre, HKU
Service camp	
Date and time:	Day 1: 3rd August, 2024 from 10:00 a.m to 9:35 p.m Day 2: 4th August, 2024 from 10:30 a.m to 8:30 p.m
Gathering and dismissal venue:	Day 1: Room 105, Chong Yuet Ming Amenities Centre, HKU Day 2: Room 105, Chong Yuet Ming Amenities Centre, HKU
Group Volunteer Service Day	
Date and time:	5 th August, 2024 to 31 st August, 2024 (one day of your choice)
Service Camp Sharing Day	
Date and time:	15 th September, 2024 from 10:00 a.m to 12:30 p.m
Gathering and dismissal venue:	Room UG104, Composite Building, University of Hong Kong
Target participants:	S3 - S5 students
Number of participants:	18
Fee:	\$100

Please kindly return the reply slip to **5C Leung Man Hoi** or **Mr. POON Sheung Him** on or before 11th July, 2024. Should you have any enquiries, please contact **Mr. POON Sheung Him** on 2546 0117.

Thank you.

(Mr. POON Sheung Him)
for Principal

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Reply slip

Re: "Epiphany" Joint School Service Camp

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Dear Principal,

I *allow/ do not allow my child _____ of Class _____ (No. ____) to take part in the Joint School Service Camp.

Signature of Parent/Guardian: _____

Name of Parent/Guardian : _____

Emergency Contact Number: _____

Student's Mobile Number : _____

Date : _____

*Please delete as appropriate