Circular No. 315 (23-24)

2nd August 2024

Dear Parents/Guardians and Students,

Re: Summer Internship (Albert Wong & Co.)

St. Louis School and Albert Wong & Co. are going to offer a summer internship programme in August 2024. This programme is designed to provide students with a training opportunity to learn and work with professionals in an accounting company. We are pleased to inform you that your son has been selected for this summer internship programme. Details of the internship programme are as follows:

Internship Period	19 th August 2024 to 23 rd August 2024	
	(both days inclusive)	
Time	9:00 a.m. – 6:00 p.m.	
Venue	1602, 16/F, Stelux House, 698 Prince Edward Road East, San Po Kong, Kowloon, Hong Kong.	
Salary	Not applicable	
Dress code	Smart casual	
Teacher in charge	Mr. HO Hin Yeung, Jacky	

Remarks:

- 1. The activity will be cancelled if Typhoon No. 8 or above, Red/Black Rainstorm signal is hoisted within two hours before the start of the activity.
- 2. Student shall comply with the policies, procedures, rules, and regulations laid by the company.
- 3. Student must keep all information, including, but not limited to, trade secrets, business plans, financial information, customer information, and other sensitive information, strictly confidential and should not divulge or use it for any purpose other than the internship.
- 4. Any inventions, discoveries, or copyrightable works created by the student during the internship period shall be the sole property of the company.
- 5. The student must follow the company's cybersecurity measures to protect sensitive information throughout the internship.
- 6. For further enquiry, feel free to contact Mr. HO Hin Yeung, Jacky at 2546 0117 or 9525 1620.

Please sign the reply slip below and return it	to Mr. HO on or before 9 th August 2	2024.
	Ç	Yours faithfully,
	3¢	(Mr. HO Hin Yeung Jacky) for Principal
	Reply slip Internship (Albert Wong & Co.)	Circular No. 315 (23-24)
Dear Principal,		
I have read and noted the content of the c	eircular no. 315 (23-24).	
I *would/would not allow my child	of Class	(No) to attend the
activity.	Signature of Parent/Guardian	;
	Name of Parent/Guardian	:
	Student's Contact Number	:
	Emergency Contact Number	:
	Date	:

^{*} Please delete as appropriate.