



PO LEUNG KUK VICWOOD K.T.CHONG SIXTH FORM COLLEGE

12 Willow Street, Tai Kok Tsui, Kowloon, Hong Kong.

Telephone: 23905010 Fax: 23962926

保良局莊啟程預科書院

九龍大角咀柳樹街 12 號

SA48/1819/PE/002

1st September 2018

Dear Parents,

Parental Consent to Participation in Physical Education Lessons

Physical Education (PE) is an integral part of the school curriculum. Every student must participate in PE lessons. However, if your child has any illness, you should seek medical advice on whether it is suitable for your child to take part in PE lessons. If your child needs to be temporarily or perpetually exempted from PE lessons, a medical certificate from a registered doctor must be produced.

Please sign and return the attached reply slip to the mentor on or before 6th September, 2018 (Thursday). If there are any changes in your child's health condition, please inform the school immediately.

Some of the PE lessons would take place in the nearby public sports facilities outside the school campus, including Tai Kok Tsui Indoor Sports Centre, Tung Chau Street Park, Tung Chau Street Sports Centre or Sycamore Playground. Students sometimes would leave the campus for PE lessons during the school hours. Please write to the school if there is any objection to the above arrangements.

Yours faithfully,

Dr Lee Poon Shing
Principal



Re: Parental Consent to Participation in PE Lessons

Dear Principal,

I have carefully read the attached letter. I agree with the school's arrangements on having PE lessons.

Please make the following arrangement for my son/daughter:

Name of student: _____ Name in Chinese: _____

Class: _____ Class No: _____ Mentor: _____

(Must put a tick in the appropriate box)

- It is suitable for my child to participate in PE lessons.
- It is not suitable for my child to participate in PE lessons. Relevant medical certificate is attached.
- Please exempt my child from participating in PE lessons (from _____ to _____) . Relevant medical certificate is attached.
- It is only suitable for my child to participate in the types of activities recommended by his/her doctor. Relevant medical recommendation is attached.

Signature : _____

Name of Parent : _____

Emergency Tel No. : _____

Date : _____



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體育課家長同意書

敬啟者：

體育科乃本校課程的基要部份，所有學生均須參加體育課。惟 貴家長必須留意，如 貴子弟有任何健康問題，應徵詢醫生的意見，以確定是否適宜上體育課。如 貴子弟需要暫時或長期豁免上體育課，必須呈示註冊醫生證明書。

請填妥後頁回條，於九月六日（星期四）或之前，交回 貴子弟所屬導師。若日後發現 貴子弟健康狀況有任何改變，請立刻通知校方。

此外，本校部份體育課程會安排於校外康體設施進行，包括大角咀室內體育中心、通州街公園、通州街體育中心或詩歌舞街球場。 貴子弟可能因此需於上課時間離開校園參與體育課，特此照知。如不同意以上安排，閣下請以書面向校方反映。

此致
貴家長



保良局莊啟程預科書院
校長 李盤勝博士 謹啟

二零一八年九月一日

體育課家長同意書

敬覆者:

來函業已閱悉。本人同意 貴校體育課之安排。

有關敝子弟上體育課的安排如下：

學生姓名：_____ 英文姓名：_____

班別：_____ 班號：_____ 所屬導師：_____

(必須於適當方格內加上✓號)

- 適宜上體育課。
- 不適宜上體育課，茲附上醫生證明書。
- 豁免由_____至_____上體育課，茲附上醫生證明書。
- 只適宜參與經醫生建議的活動，茲附上醫生推薦書。

此覆

保良局莊啟程預科書院校長

家長簽署：_____

家長姓名：_____

緊急聯絡電話：_____

二零一八年九月 日