

17<sup>th</sup> May, 2024

Dear Parents / Guardians,

We are pleased to inform you that your daughter \_\_\_\_\_ has been selected for the Service learning trip to Manila, Philippines. The dates for the trip are tentatively from **27<sup>th</sup> June to 3<sup>rd</sup> July 2024**.

Activity:	Service learning trip to Philippines
1	Original Passport (with a valid period of at least 6 months) and original HKID Card
2	2 passport photos (2 x 2 inches size with white background)
3	Visa Fee:HK\$ 320 (British, Hong Kong, and Philippine passport holders are visa-exempt; other countries require a visa.)
4	Fee in total: HK\$5,000 (HK\$ 3,000 will be sponsored by school) Student need to pay HK\$2,000 (for cheque payment, please issue the cheque to " <b><u>The Incorporated Management Committee of Islamic Kasim Tuet Memorial College</u></b> ").

Students who fail to provide the above documents / fee **on or before May 21, 2024**, their application will not be proceeded.If the application is successful and students want to withdraw from the trip, money that she had paid will not be refunded. Furthermore, she has to pay HK\$3,000 to the school to compensate for the aforementioned subsidy by the school. For any further information on the trip, please contact the Teachers-in-charge Miss Sobia (SJ) or Miss Sharifa (SH) at room 207.

Yours faithfully,

Zareenah S.Y. Ho  
Principal

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Reply Slip

Miscellaneous Notice 227 – **Service learning Trip to Philippines**

I acknowledge receipt of the Miscellaneous Notice 227 and I fully understand and agree with its content.

I permit my child to join the said trip.

I do not permit my child to join the said trip.

I, \_\_\_\_\_ \*Parent / Guardian of \_\_\_\_\_ (Student Name) hereby allow her to participate in the above-mentioned trip.I undertake to accept that no liability will be borne by school for any accident, injury or loss sustained by the child during the trip. I agree that all photos or videos taken during the trip might be used by school in any publication.

Name of Parent / Guardian: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Name of Student:	Class:	Class No:
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Please put a tick ✓ in the appropriate box. \* Please delete the inappropriate one.

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