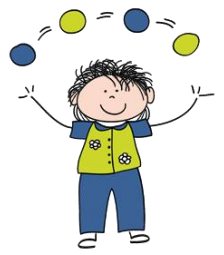




天保民學校 家長教職員會通告



美食展藝嘉年華

本校家長教職員會為促進家長、學生與教職員之情誼及提高大家對烹飪的興趣，並藉此機會發掘學生各方面的表演潛能，特舉辦是項活動，詳情如下：

一) 活動項目：

A. 「綜藝表演」

- 表演項目：自由選擇，如雜耍、唱歌、樂器演奏、朗誦、話劇及跳舞等。
(音樂、道具、服裝須自行安排)
- 獎 項：每位才藝表演者均可獲精緻紀念品乙份。

***不擬表演的參加者，歡迎到場欣賞各項表演節目。**

B. 開心百變扭扭條製作：材料由校方供應，可自備食物盒將製成品攜走

C. 下午茶聚：到會美食/小食攤位

二) 費 用：每位\$40，以自動轉賬方式收取，一經過帳，恕不作退款安排。

三) 活動日期：二零一七年四月八日(星期六)

四) 截止報名日期：二零一七年二月二十八日(星期二)

五) 活動程序：

- 1:45p.m. - 2:00p.m. 報到
- 2:00p.m. - 3:00p.m. 「綜藝表演」
- 3:00p.m. - 3:15p.m. 頒發紀念品
- 3:15p.m. - 4:15p.m. 開心百變扭扭條製作
- 4:15p.m. - 5:00p.m. 下午茶聚



天保民學校家長教職員會謹啟

二零一七年二月七日

天保民學校

美食展藝嘉年華報名表(請於 28/2/2017 前交回)

本人及學生_____ (組)，

將*【 會 / 不會 】參加是日活動(*請刪去不適用者)；報名出席人數如下：

參加者姓名	與學生關係	費用@\$40
1.	學生本人	
2.		
3.		
4.		
5.		
6.		



請在適當的方格內加「✓」。

☐ 參與表演：項目及名稱_____、表演人數_____、需用時間_____

☐ 不參與表演

家長簽署：_____

活動負責人：陳寶群主任

日期：_____



Mary Rose School Parent-Teacher Association



Circular on Food Fair

Dear parents,

In order to strengthen the parent-teacher relationship, the Parent-Teacher Association will hold a food fair in April. All staff, parents and students are cordially invited to participate in the event.

Details of the activity are as follows :

1) Content

A. Talent Show

- participants can sing, dance, recite, etc. in group or in solo
- all participants will receive a souvenir

B. Making of bread twists

- ingredients provided by the school

C. Tea Buffet

- food ordered from delivery service
- snack making booths

2) Date : 08.4.2017(Saturday)

3) Time schedule : 1:45p.m. – 2:00p.m.

2:00p.m. – 3:15p.m.

3:15p.m. – 4:15p.m.

4:15p.m. – 5:00p.m.

register

talent show

making of bread twists

tea buffet

4) Fee : \$40 for each participant (settled by autopay)



Mary Rose School
Parent-Teacher Association
07.02.2017



Mary Rose School Parent-Teacher Association Food Fair Reply slip

(Please return the reply slip to the class teacher on or before 28th Feb, 2017)



Dear Principal,

_____ (name of student) of _____ (group) and I will / will not* join the food fair.

* (delete where inappropriate)

List of participants

Name of participants	Relationship with the student	Fee@\$40
1.	Student	
2.		
3.		
4.		
5.		
6.		

Please put a "✓" in the appropriate box.

☐

Will perform in the talent show

Type(name) of performance: _____ Time Duration: _____ No. of performers: _____

☐

Will not perform in the talent show

Parent signature : _____

Date : _____