



中華基督教會桂華山中學  
THE CHURCH OF CHRIST IN CHINA KWEI WAH SHAN COLLEGE

地址 ADDRESS : 香港北角雲景道 62 號 62, Cloud View Road, North Point, Hong Kong 電話 TEL : 2571 1285  
傳真 FAX : 2807 0085 網頁 WEB : <http://www.ccckws.edu.hk> 電郵 EMAIL : [mail@ccckws.edu.hk](mailto:mail@ccckws.edu.hk)

**Notice (2016/2017) No. 10  
(S1~S2)**

27<sup>th</sup> February, 2017

Dear Parent/Guardian,

Please be informed:

**1. 40th Anniversary Musical**

The 40<sup>th</sup> Anniversary Musical, 'Any Dream Will Do', will be held on 4<sup>th</sup> March, 2017 (Saturday) at 3:00pm. All Students are required to attend the event and arrive in school at 2:45pm. We sincerely invite you to the musical with your child to share the achievements.

**2. Holiday after the 40th Anniversary Musical**

6<sup>th</sup> March, 2017 (Monday) is a deferred holiday of the 40th Anniversary Musical.

**3. 2<sup>nd</sup> Uniform Test Report Card**

The 2<sup>nd</sup> Uniform Test Report Card will be distributed to the students on 10<sup>th</sup> March, 2017 (Friday). Parents please sign the report card and return it to the class teacher on or before 15<sup>th</sup> March, 2017 (Wednesday). The Report Card will be kept in the Student Learning Portfolio.

**4. Enquiry**

Should you have any further enquiries, please contact our school at 2571 1285 during office hours.

Yours sincerely,



Mr. Cheng Lai-lam, Felix  
Principal

Remarks: Please sign the reply slip and return it to the class teacher on 1<sup>st</sup> March, 2017 (Wednesday).

**Bible quote of the month:**

*God is the strength of my heart and my portion forever. (Psalms 73:26)*



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**REPLY SLIP**

(Please hand in the Reply Slip to your class teacher)

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

To whom it may concern,

Particulars
I acknowledge the matters stated in Notice (2016/2017) No. 10 and will comply with the school arrangements. <b>(Please put a ✓ in the appropriate box)</b>
<input type="checkbox"/> I will attend the 40th Anniversary Musical with my child. <input type="checkbox"/> I will not attend the 40th Anniversary Musical.

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

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

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_ No: \_\_\_\_\_