



The Arrangement of Math and Science Week Cum Reading Carnival
有關數理週暨閱讀嘉年華安排

Dear Parents 各位家長:

To nurture students' love of math, science and reading, the school has arranged a Math and Science Week Cum Reading Carnival for S.1 to S.5 students, as detailed below. Parents are welcome to join us for the Exploring Eye Health with VR Workshop. Please fill in the reply slip by 26 November 2024 and, if you are able to attend, kindly arrive at Rm 206 by 10:20 am. For enquiries, please contact Mr Ip Hung Kwan or Ms Tseng Tsz Ching at 2604 9762. Thank you.

1. Math and Science Week 數理週

After School 放學後	25 November 2024 (Mon) 4:15 pm - 5:15 pm	26 November 2024 (Tue) 4:15 pm - 5:15 pm	27 November 2024 (Wed) 2:45 pm - 3:45 pm	28 November 2024 (Thu) 4:15 pm - 5:15 pm
Activity 活動	S.1 Mathematics Trail 中一級 數學遊蹤	S.3 Da Vinci Bridge 中三級 達文西橋樑	S.2 Making A Water Rocket 中二級 水火箭製作	S.2 Water Rocket Competition 中二級 水火箭比賽 S.4-5 Exploring Eye Health with VR 中四至五級 虛擬實境眼睛健康工作坊

2. Reading Carnival 閱讀嘉年華

Date 活動日期	29 November 2024 (Fri)	2024 年 11 月 29 日 (五)
Time 活動時間	8:00 am – 12:30 pm	上午 8:00 至下午 12:30
Venue 活動地點	School Campus	學校
Programme 活動內容	<ul style="list-style-type: none"> ◇ Morning Silent Reading ◇ Immersive Reading ◇ Book Sharing ◇ Book Fair ◇ Old Book Giveaway ◇ Talk on Origami and Mathematics ◇ Exploring Eye Health with VR Workshop (10:30 am – 11:10 am) 	<ul style="list-style-type: none"> ◇ 晨讀時間 ◇ 沉浸式閱讀 ◇ 圖書分享 ◇ 書籍展覽 ◇ 舊書贈閱 ◇ 剪紙與數學講座 ◇ 虛擬實境眼睛健康工作坊 (上午 10:30 – 11:10)
Special Remarks 特別備註	1. S.6 students will conduct self-directed learning at home on that day. 中六同學當天將留家自習。	

為增強學生對數理及閱讀的興趣，本校特為中一至中五級學生舉辦數理週暨閱讀嘉年華。詳情請參閱上表。誠邀家長出席「虛擬實境眼睛健康工作坊」活動，有意參與者請於 11 月 26 日前填妥回條，並於 11 月 29 日早上 10:20 到達本校 206 室集合。如有任何疑問，歡迎致電 2604 9762 向葉鴻堃老師或鄭子情老師查詢。



Christian Alliance Cheng Wing Gee College
宣道會鄭榮之中學

Shum Kai Shing, Principal 沈啟誠校長
22 November 2024 2024 年 11 月 22 日

Reply Slip 回條

I acknowledge the receipt of the above circular regarding "The Arrangement of Math and Sci Week Cum Reading Carnival".

本人經已知悉 貴校來函有關「數理週暨閱讀嘉年華」事宜。

I will attend the Exploring Eye Health with VR Workshop. 本人將出席虛擬實境眼睛健康工作坊。

I will not attend the Exploring Eye Health with VR Workshop. 本人未克出席虛擬實境眼睛健康工作坊。

Name of Student 學生姓名: _____

Class 班別: _____ CSNO 班號: _____

Name of Guardian 監護人姓名: _____

(Block Letters 中文正楷)

Signature of Guardian 監護人簽署: _____

Date 日期: _____

Please put a '✓' in the appropriate box 請於適當 內填上'✓'號