

慈恩學校

九龍浙江街 13 號

Chi Yun School

13 Chi Kiang Street, To Kwa Wan, Kowloon.

Tel: (852) 23862010 (852) 23868264 Fax: (852) 27089853

敬啟者

成人服務探訪 畢業生出路輔導服務

為了加強家長對嚴重殘疾人士成人服務之認識,現安排家長探訪鄰舍輔導會怡菁山莊,此單位為 215 位殘疾人士提供不同類型的日間訓練及住宿照顧服務。詳情如下:

日期: 二零一九年四月十一日 (星期四)

時間: 9:30AM~12pm

地點: 新界葵涌大蒸場路 5 號

服務類別: 1)嚴重弱智人士宿舍 2)嚴重殘疾人士護理院

截止日期: 二零一九年四月五日

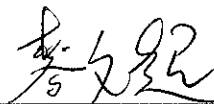
交通安排: 旅遊車接送, 集合時間: 9:30A.M.(逾時不候) 費用: 全免

校聯絡: 學校社工陳姑娘(23862010)。

備註: 車費由生涯規劃津貼資助

謹此敬告

慈恩學校校長



謹啟

二零一九年三月十五日

成人服務探訪 畢業生出路輔導服務 回條



敬啟者: 來函各情均悉, 現覆如下:

本人() 是 () 班 學生() 之家長

本人 參加 / 不參加探訪怡菁山莊活動。 *請以表示意願。

家長姓名: _____

聯絡電話: _____

日 期: _____

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Post-school Placement Visit
Graduates Pathways to Further Placements

Dear Parents,

In order to assist you to enrichment of the post-school placement (rehabilitation services) in the community, our school is arranging a post-school placement visit to Fairlyland, The Neighbourhood Advice-Action Council. This institution provides comprehensive residential care services to 215 severely disabled persons. You are cordially invited to attend this visit, details are as follows:-

Date : 11/4/2019 (Thursday)

Time : 9:30am to 12:00pm

Venus: 5 Tai Ching Cheung Road, Kwai Chung, N.T.

Types of Service : 1) Hostel for Severely Mentally Handicapped; 2) Care and Attention Home for Severely Disabled Persons

Transportation: School Bus/Coach (free of charge)

Assembling time and place: 9:30 a.m. at Chi Yun School (**please be on time, late comer will not be entertained**)

Contact Person: School Social Worker, Ms. Chan (Tel. 23862010)

Interested parties please fill in the return slip to us by 5 April, 2019.

Remarks : Transportation charge is subvented by Career and Life Planning Grant.



Mak Man Chiu (Mr.)

Principal

Date: 15 April, 2019

Reply Slip

Post-school Placement Visit
Graduates Pathways to Further Placements

To: Principal, Chi Yun School

I have received and acknowledged about the information of the notice and I reply:

I/We _____ Parent(s) of _____ (Student Name) *will/

*will not attend the above session.

Parent's Signature: _____

Telephone Number: _____

Date: _____

* please tick as appropriate