國民學校 KWOK MAN SCHOOL

Phone: 29810432

Fax: 29816345



Address: 30 Kwok Man Road, Cheung Chau

22nd March, 2024

Understanding Adolescent Project (Primary) Intensive Programme (IP) consent form

Dear Parents,

Our school was invited by the Education Bureau to participate in the "Understanding Adolescent Project" (primary school). One of its services is to provide "intensive programmes" to students with greater needs for guidance in order to help them cope with the challenges in face of adversity. The school now places your child in this programme. They will participate in a series of activities over the next three years to help them set personal goals and enhance their social skills, problem-solving skills, emotional management skills and optimism. The school will also invite parents to participate in parent-child activities and work with us to help their children grow. The details are as follow:

Activity	Target	Date	Time	Venue		
Launch ceremony	Students, teachers and parents	18/4 (Thurs)	17:00-18:30	School		
Small group guidance sessions	Students	18/4, 25/4, 2/5, 9/5, 23/5, 6/6, 13/6 (Thurs)	15:15-16:45	School		
Parents workshop (1)	Parents	25/4 (Thurs)	17:00-18:30	School		
Parents workshop (2)	Parents	23/5 (Thurs)				
Training camp (Challenge Day Camp)	Students	27/4 (Sat)				
Journey of Love (Volunteer Service)	Students	25/5 (Sat)				
Parent-child day camp	Parents and students	9/6 (Sun)	Will be announced later			
Training camp (Two days and one night camping)	Students	10/5 (Fri)-11/5 (Sat)				
graduation ceremony	Students, teachers and parents	13/6 (Thurs)				

Please support the Understanding Adolescent Project (Primary) Intensive Programme and complete the reply slip. If you have any enquiries, please contact the social worker Miss Cheung.



Mr. Yung Chi Ming (Supervisor)

Ms. Kwok Yuen Ki (Principal)

Reply slip

Understanding Adolescent Project (Primary) Intensive Programme (IP)

To the Principal,						
I allow / do not allow my child	(Name)	in cl	lass 4	to	participate	in the
Understanding Adolescent Project (Primary) Intensive Programme (IP)).					
\square My child and I will attend the orientation and launch ceremony.						
\square My child will attend the orientation and launch ceremony.						
* Please tick the appropriate box.						
Name of Student: Class:	()				
Parent's signature : Date:			-			
Phone no						