



Po Leung Kuk  
Lo Kit Sing (1983) College

保良局羅傑承(一九八三)中學

Cheung Hong Estate, Tsing Yi, N.T., Hong Kong

香港新界青衣長康邨

Tel: 2497 7110

Fax: 2431 1156

Dear Parents,  
各位家長：

P24186

**Chinese Medicine Experiential Workshop**

**中醫體驗工作坊**

To broaden students' horizons and deepen their understanding of Chinese medicine industry, our Career and Life Planning Department is organizing an experiential Chinese medicine workshop. Through this activity, parents and children will gain an in-depth understanding of the diverse aspects of the Chinese medicine industry and enhance their knowledge of related fields in preparation for career planning. We warmly invite all parents and children to join this workshop and explore potential career paths in Chinese medicine.

為擴闊同學的視野並加深他們對中醫行業的認識，我校升學及生涯規劃組將舉辦中醫體驗工作坊，讓中一至中五級的同學及家長參與。透過此次活動，家長與子女能深入認識中醫行業及提高對相關行業的認識，為未來的升學及就業作好準備。

本校誠邀中一至中五級學生及家長參與於 7 月 19 日舉行的中醫體驗工作坊，有關行程資料臚列如下，煩請 貴家長與子女細閱。

Date 日期	19 July, 2025 2025 年 7 月 19 日 (星期六)
Time 時間	8:30 a.m. – 4:00 p.m.
Gathering Time and Place 集合時間/地點	8:30 a.m. School Second Hall 早上八時三十分 學校第二禮堂
Dismissal Time and Place 解散時間/地點	4:00 p.m. School 下午四時 學校
Quota 名額	40 people (Each family can have a maximum of two people, if the number of people enrolled is over the quotas of the activity, participants will be selected randomly.) 40 人 (每組家庭最多 2 人，若報名人數多於 40 人，將會以抽籤形式抽出參加者)
Fee 費用	free 全免
Teacher Leaders 隨團老師	Ms. Hon Ho Yan & Ms. Tam Wai Yee 韓可欣老師及譚惠儀老師
Contact Telephone 聯絡電話	2497 7110
Remarks 備註	Students are required to wear activity uniform. 學生須穿著整齊活動服。

Please complete the reply slip in eNotice by 26<sup>th</sup> June, 2025. For enquiries, please contact Ms. Tam Wai Yee at 2497 7110.

敬希 貴家長於 6 月 26 日或之前填妥電子通告回條。如有疑問，請致電 2497 7110 與譚惠儀老師聯絡。

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保良局羅傑承(一九八三)中學

Law Wing Chung, Principal 羅穎忠校長

24<sup>th</sup> June, 2025 二零二五年六月二十四日



**E-class Reply Slip**

**電子通告回條**

I acknowledge the receipt of the above captioned circular concerning the “Chinese Medicine Experiential Workshop”.

本人經已知悉 貴校來函有關「中醫體驗工作坊」事宜。

☐ I will accompany my child to the “Chinese Medicine Experiential Workshop”. (Priority given)

本人將陪同子女參加「中醫體驗工作坊」。(優先安排)

☐ I will take part in the ‘Chinese Medicine Experiential Workshop’.

本人將參加「中醫體驗工作坊」。

☐ My child will take part in the Chinese Medicine Experiential Workshop.

子女將參加「中醫體驗工作坊」。(學生姓名: \_\_\_\_\_ 學生班號: \_\_\_\_\_)

☐ I/We will not take part in the Chinese Medicine Experiential Workshop.

本人/我們未克參加「中醫體驗工作坊」。