



北角協同中學 Concordia Lutheran School - North Point

地址: 香港北角雲景道二十號

Address: 20 Cloud View Road, North Point, Hong Kong

電話/Tel: 2570-0331 傳真/Fax: 2566-0192

網址/Website: <http://www.clsnp.edu.hk/>

Notice to Parents No: 2526/130

Forest Bathing with Tai Tong Sweet Gum Woods

9th December 2025

Dear Parents/ Guardians

In order to help students adapt to the community and strengthen protective factors for mental health, our school is organizing a "Forest Bathing with Tai Tong Sweet Gum Woods". Through visiting the maple forest in Tai Tong, enjoy the beauty of winter, and relax your mind. students will learn to breathe and relax by connecting with nature. The details are listed as follows. Please sign and return the reply slip through eClass Parent App on or before **15th December 2025 (Mon)**.


Details of the event:

Name of the Event:	Forest Bathing with Tai Tong Sweet Gum Woods		
Date:	20/12/2025 (Sat)	Teacher(s)-in-charge:	Ms. Cheung Sze Wai, Mr. Poon Wai Kit
Time:	9:30am – 4:00pm	Transportation:	Social Worker will arrange round-trip MTR fare; bus travel costs are not included. (~\$10.2)
Venue:	Tai Tong Sweet Gum Woods	Fees:	N/A
Assembly Time:	9:30am	Venue of Assembly:	Exit A, Fortress Hill MTR Station
Dismissal Time:	4:00pm	Venue of Dismissal:	Hong Kong Station
Remarks:	<ol style="list-style-type: none">1. The activity includes a simple lunch.2. Please wear the PE uniform and bring a water bottle.3. If there is an adverse weather condition and the activity is cancelled, the teacher(s)-in-charge will arrange students to go home under a safe situation as soon as possible.		



Should you have any enquiries, please contact teachers-in-charge at 2570 0331.

Yours faithfully



Mr. Lee Kin Lim Larry
Principal



<Reply Slip>

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Forest Bathing with Tai Tong Sweet Gum Woods

Please return this slip through eClass Parent App on or before 15th December 2025 (Mon).

Dear Principal,

I acknowledge the receipt on the above notice on “**Forest Bathing with Tai Tong Sweet Gum Woods**”, and I **give** permission to my child to join.

Name of student: _____ Class: ____ ()

Name of parent / guardian: _____

Signature of parent / guardian: _____

Contact number of parent / guardian: _____

Contact number of student: _____

Date: _____