



Notice to Parents No: 2526/220

Concordia University Texas Cultural and Service Exchange Program 2026

March 27, 2026

Dear Parent / Guardian

We are glad to inform you that after the interview, your child was selected to join the Concordia University Texas Cultural and Service Exchange Program 2026 in Austin, Texas, U.S. Details of the trip are as follows:

Name of the Event:	Concordia University Texas Cultural and Service Exchange Program 2026		
Date:	May 25, 2026 (Monday) – June 5, 2026 (Friday)	Teacher-in-charge:	Mr. Cheung Lap Tak Paul (Vice-principal)
Venue:	Concordia University Texas (Address: 11400 Concordia University Dr., Austin, Texas 78726)	Transportation:	By Air
Assembly time:	To be confirmed	Assembly and Dismissal Venue:	HK Airport
Dismissal time:	To be confirmed		
Notes on Travel Fee:	<ul style="list-style-type: none"> ➤ Fee Subsidy: The school will provide a 50% subsidy of the total tour fee for all participants. Students are responsible for the remaining 50% of the tour fee. ➤ Financial Assistance: Students currently receiving the Comprehensive Social Security Assistance (CSSA) or the Student Financial Assistance Schemes (SFAS) (Full-grant/Half-grant) may apply for additional subsidies. Special financial arrangements will be made for these students upon application. ➤ Coverage of Tour Fee: The fee includes airfare, basic travel insurance, accommodation, meals, and local transportation expenses. ➤ Additional Insurance: While the school provides basic group travel insurance, students may purchase additional travel insurance at their own expense if necessary. ➤ Personal Expenses: Students should prepare a reasonable amount of pocket money for personal expenses, such as the purchase of souvenirs. ➤ Visa Application: <u>Students are responsible for their own visa fees.</u> The school will facilitate and provide guidance for the visa application process. 		
Remarks:	<p>1. The following documents have to be submitted on or before April 10, 2026 (Friday):</p> <ol style="list-style-type: none"> a. A copy of the student's passport. b. A copy of the student's HKID card. c. The signed reply slip of this parent notice. 		

- d. A complete form of the
 - i) Application Form (Appendix 1), and
 - ii) Health Declaration Form (Appendix 2) and
 - iii) Agreement of Participating in Cultural and Service Exchange Program / Activities Outside Hong Kong (Appendix 3) and
 - iv) Parent Consent Letter (Appendix 4).
- e. Other details of the cultural and service exchange program will be informed later.

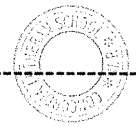
Please complete the reply slip and return it Mr. Cheung Lap Tak Paul by April 10, 2026 (Friday). For enquiries, please contact Mr. Cheung Lap Tak Paul at 2570 0331.

Yours faithfully,



Mr. Lee Kin Lim Larry
Principal

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<Reply Slip>
Notice to Parents No: 2526/220
Concordia University Texas Cultural and Service Exchange Program 2026
Please return this slip to Mr. Cheung Lap Tak Paul on or before April 10, 2026 (Friday)

Dear Principal,

I acknowledge the receipt of the notice regarding the Concordia University Texas Cultural and Service Exchange Program 2026.

- I give permission to my child to take part in the Concordia University Texas Cultural and Service Exchange Program 2026.
(Please attach the Application Form (Appendix 1), Health Declaration Form (Appendix 2), Consent Form for Out-of-school Learning Activities (Outside Hong Kong) (Appendix 3) and Parent Consent Letter (Appendix 4).)
- I do not give permission to my child to take part in the Concordia University Texas Cultural and Service Exchange Program 2026.

Name of student: _____ Class: ____ ()
 Name of parent / guardian: _____
 Signature of parent / guardian: _____
 Contact number of parent / guardian: _____
 Contact number of student: _____
 Date: _____

*Please tick (✓) where appropriate.



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.clnp.edu.hk/>

Appendix 1

Concordia University Texas Cultural and Service Exchange Program 2026

報名表 Application Form

Participant Details (As appeared in the Travel Document)

Student's Name 學生姓名	中文 Chinese		
	英文 English		
Sex 性別		Age 年齡	
Date of Birth 出生日期		Place of Birth 出生地點	
Address 地址			
香港身份證號碼 HKID No.			
Travel document type 證件類別	BNO / HKSAR 特區護照 / PRC 中國護照 / Macau SAR 澳門特別行政區旅行證 Others (Please specify) 其他(請註明) _____		
Travel document no. 證件編號		Travel document Expiry Date 證件有效日期	
Parent/Guardian's Name 家長姓名		Telephone No. 住所電話	Home 住所 Mobile 手提
Emergency Contact Person 緊急聯絡人		Emergency Contact Phone No. 緊急聯絡電話	

It is the responsibility of the participant to check if he/she has a valid visa or travel documents for the trip. The School has no responsibility or liability for any expenses, reimbursement or time loss for student who does not obtain his/ her required and correct documents in time.

參與學生需自行檢查有效之出境、入境旅遊證件及有效簽證，倘因未辦簽證或證件失效而導致不能按時隨團出發，後果一切由學生負責，所繳相關費用恕不退還。

Parent/Guardian Name
(BLOCK LETTERS)

家長/監護人姓名 : _____

Parent/Guardian Signature

家長/監護人簽署 : _____

Date

日期 : _____



Appendix 2
Concordia University Texas Cultural and Service Exchange Program 2026

健康申報表 Health Declaration Form

(This form should be completed by the parent/ guardian. It is a sole reference quoted for this occasion.)
(本表格須由家長／監護人填寫。所收集的資料只作是次活動參考之用)

Name of Student 學生姓名：(中文 Chinese) _____
(英文 English) _____

Date of Birth 出生日期：_____ Sex 性別：_____

Parent/Guardian Name (BLOCK LETTERS) 家長/監護人姓名：_____

Contact Telephone Number 緊急聯絡電話：_____

1. If the student is suffering from any of the following illnesses, please tick "✓" the appropriate boxes
如學生患有以下疾病，請在適當的方格內加上「✓」記號：

	YES 有	NO 沒有		YES 有	NO 沒有
G6PD deficiency 六磷酸葡萄糖脫氫酵素 缺乏症			Other blood disease 其他血病		
Bronchial asthma 哮喘			Allergy to drugs 藥物敏感		
Epilepsy 羊癇			Allergy to vaccines 疫苗敏感		
Fits due to fever 高熱引致抽搐			Allergy to food 食物敏感		
Kidney disease 腎病			Other allergies 其他敏感		
Heart disease 心臟病			Tuberculosis 肺結核		
Diabetes mellitus 糖尿病			Minor operation 小手術		
Hearing defect 聽覺不健全			Major operation 大手術		
Haemophilia 血友病			Others 其他		
Anaemia 貧血					
Physical conditions or pain (e.g. back, limb, neck, bone, or joint) that limit physical activity? 參加者是否有任何身體狀況或疼痛（例如：背痛、肢體、頸部、骨骼或關節疼痛），以致限制其體能活動？					
Do you have any other current or past conditions that may affect your participation in activities? 參加者目前或過往是否有任何其他健康狀況，可能影響其參與是次活動？					
Is your doctor currently prescribing long-term medication for any health and mental conditions? 參加者目前是否因任何身體或心理健康狀況，需要長期服用醫生處方藥物？					

2. If you answered “Yes” to any of the questions above, please provide further details and specifics (if necessary, attach a separate sheet with additional information)

如對上述任何一個問題回答為「有」，請提供更多詳細資訊和具體情況（如有需要，請另附附件以提供所需資料）：

3. List any allergies you have below (if necessary, attach a separate sheet with additional information):

在下面列出您的任何過敏情況（如有需要，請另附附件以提供所需資料）：

<input type="checkbox"/> Food: 食物類別:	Reaction: 過敏反應:	Medication: 需服用/備用藥物:
<input type="checkbox"/> Drugs: 藥物:	Reaction: 過敏反應:	Medication: 需服用/備用藥物:
<input type="checkbox"/> Other: 其他:	Reaction: 過敏反應:	Medication: 需服用/備用藥物:

4. Declaration 聲明:

本人確認上述學生適宜參加「2026 美國德州協同大學福音及文化交流團」。

I confirm the above mentioned student is suitable for participating in the Concordia University Texas Cultural and Service Exchange Program 2026.

Parent/Guardian Name (BLOCK LETTERS)

家長/監護人姓名 : _____

Parent/Guardian Signature

家長/監護人簽署 : _____

Date

日期 : _____



Appendix 3

Concordia University Texas Cultural and Service Exchange Program 2026

到香港以外的國家參加交流團／活動同意書

Consent Form for Out-of-school Learning Activities (Outside Hong Kong)

第一部份 Part I: 學生承諾書 Student's Commitment

本承諾書旨在保障所有參加交流團之北角協同中學（以下簡稱「本校」）學生的安全與權益。所有學生必須在啟程前簽署並呈交本同意書予負責老師。

The purpose of this commitment is to ensure the safety and well-being of all students from Concordia Lutheran School - North Point (hereinafter referred to as "the School") participating in the exchange tour. All students are required to sign and submit this form to the teacher-in-charge before departure.

活動名稱	2026 美國德州協同大學福音及文化交流團
Activity Name :	Concordia University Texas Cultural and Service Exchange Program 2026
活動日期	2026 年 5 月 25 日至 6 月 5 日 (十二天)
Activity Date :	May 25, 2026 - June 5, 2026 (12 Days)
負責老師	張納德 副校長 Mr. Cheung Lap Tak Paul (Vice-principal)
Teacher-in-charge :	
負責部門	宗教及牧養組 Spiritual Nurture Department
Responsible Dept. :	
主辦機構	美國德州協同大學 Concordia University Texas
Organiser :	

1. 本人確認是自願參與是項活動。
I acknowledge that my participation in this activity is voluntary.
2. 本人已認真考慮自身的健康及個人狀況，確認生理及心理素質均適宜參與並完成活動。本人同意承擔活動期間有關個人健康、安全及財產之責任。
I have carefully considered my health and personal circumstances. I confirm that I am physically and mentally fit to participate in and complete the activity. I agree to take full responsibility for my health, safety, and property during the period.
3. 本人明白如遇緊急情況或為保障學生權益，本校保留取消、更改或變換活動內容之權利。
I understand that the School reserves the right to cancel, amend, or change the arrangements in case of emergencies or to protect the interests of students.
4. 本人承諾遵守本校及主辦機構制定的行為守則及規章，並尊重當地國家之法律與習俗。
I agree to abide by the terms of participation, Code of Conduct, and regulations set by the School/Organiser, as well as the laws and customs of the host country.
5. 本人承諾出席啟程前簡介會，並熟悉由校方或主辦機構發布有關目的地安全、健康及文化背景之資訊。
I promise to attend the Pre-trip Briefing Sessions and familiarise myself with all information regarding safety, health, and cultural conditions of the destination.

6. 本人明白須時刻保持警覺，以策安全。

I understand that I must remain vigilant at all times to avoid becoming a victim of crime.

7. 本人明白參與活動期間代表校方，定當舉止得體，維護校譽。

As a representative of the School, I pledge to behave with decorum and maintain the School's reputation.

8. 本人同意完成活動期間由校方或主辦機構規定的所有學習要求。

I agree to complete all requirements and tasks assigned by the School/Organiser during the tour.

9. 本人不會申請在活動期間自行離隊、提早離開或延遲返回。

I will not apply for early departure or late return from the group for personal reasons.

10. 本人明白本校已購買團體旅遊保險，如有需要可自行加購個人保險。行程中如遇意外，將交由保險公司依條款處理，本校及其職員毋須負上法律責任。

I understand the School has arranged Group Travel Insurance for all participants. I may purchase additional personal insurance if necessary. Any accidents or claims will be handled by the insurance company according to the policy terms; the School and its staff shall not be held liable.

11. 本人明白在任何情況下，本校及其職員均不負責個人財物之損壞或遺失。

I understand that the School and its staff shall not be held responsible for any loss or damage to personal property under any circumstances.

12. 本人定當恪守校規，絕不攜帶違禁品（如香煙、酒精、賭具或危險品），如有違反，願接受校方處分。

I shall strictly abide by the School Rules and shall not possess any prohibited items (e.g., cigarettes, alcohol, gambling tools, or dangerous goods). Misconduct will result in disciplinary action.

13. 如出發前目的地發生疫症或天災，校方將參照香港旅遊業議會指引協商處理，本校不承擔相關金錢或時間損失。

In case of outbreaks of infectious diseases or natural disasters before departure, arrangements will be made in accordance with the Travel Industry Council of Hong Kong (TIC) guidelines.

14. 如遇不可抗力情況（包括戰爭、政治動盪、惡劣天氣或交通技術問題等），本校有權更改行程。學生不得藉故反對或退出。

The School reserves the right to cancel or modify the itinerary due to Force Majeure (e.g., war, political unrest, adverse weather, or technical issues with transport). Students shall not withdraw or object on these grounds.

15. 本人已提供兩名家長/監護人之香港緊急聯絡電話。

I have provided two Hong Kong emergency contact numbers of my parents/guardians.

緊急聯絡人 Emergency Contact	第一位聯絡人 1st Contact	第二位聯絡人 2nd Contact
姓名 Name		
關係 Relationship		
電話號碼 Phone No.		

學生簽名

Student Signature :

日期

Date :

學生姓名

Student Name :

班別

Class :

第二部份 Part II: 家長或監護人同意書 Parent/Guardian Consent

我/我們已詳細閱讀及完全明白「2026 美國德州協同大學福音及文化交流團」之細則。經考慮本人子女 _____ (學生姓名) 之健康及精神狀況後，同意其參加由北角協同中學及美國德州協同大學所安排之活動。

I/We have read and fully understood the details of the "Concordia University Texas Cultural and Service Exchange Program 2026". Having considered the health and mental condition of my child _____ (Student Name), I/we hereby give consent for him/her to participate in the activities organised by Concordia Lutheran School - North Point and Concordia University Texas.

本人特此授權帶隊老師及領隊於緊急情況下處理醫療事宜，並按照當地醫護人員之建議進行治療。本人亦授權上述老師及領隊在需要時提取本人子女之病歷及醫療報告。

I/We hereby authorise the teachers-in-charge and tour leaders to handle any medical emergencies and seek treatment based on the advice of local medical professionals. I/we also authorise them to access my child's medical records if necessary.

我/我們明白當中涉及之醫療費用須由本人及本人子女承擔。

I/We understand that all medical expenses incurred shall be borne by me/us.

我/我們授權北角協同中學及美國德州協同大學使用本人子女在交流團或相關活動內之照片、錄影影片、作品及感言，作宣傳之用。

I/We grant permission for Concordia Lutheran School - North Point and Concordia University Texas to use photos, videos, works, and reflection journals of my child for promotional purposes.

(請在方格內加上“✓” Please tick "✓" as appropriate)

家長／監護人簽名

Parent/Guardian Signature : _____

家長／監護人姓名

Parent/Guardian Name : _____

日期

Date : _____



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/>

Appendix 4
Parent Consent Letter

March 23, 2026

TO WHOM IT MAY CONCERN:

I, _____, HKID No. _____ (), hereby give my consent to allowing my child, (_____) HKID No. _____ () to travel to the U.S. during the period May 25, 2026 - June 5, 2026.

For further questions, please contact me at _____.

Sincerely,

(Name of Parent: _____)