



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: 2526/266

**Aviation Emergency Evacuation Experience and Chinese Culture Tour Sharing Session**

12<sup>th</sup> May 2026

Dear Parents / Guardians

Our school will join the Aviation Emergency Evacuation Experience and Chinese Culture Tour Sharing Session organized by Careers and Life Planning Department. The details are listed as follows. Please sign and return the reply slip through eClass Parent App on or before **14<sup>th</sup> May 2026 (Thu)**.

Details of the event:

Name of the Event:	Aviation Emergency Evacuation Experience and Chinese Culture Tour Sharing Session		
Date:	14/5 (Thu)	Teacher(s)-in-charge:	Ms. Tse Ka Yin
Time:	6:30pm-9:30pm	Transportation:	Students arrange their own transportation
Venue:	YMCA of Hong Kong 4/F, South Tower, 41 Salisbury Road, Tsim Sha Tsui, Hong Kong	Fees:	N/A
Assembly Time:	6:15pm	Venue of Assembly:	MTR Tsim Sha Tsui Station Exit L6
Dismissal Time:	9:45pm	Venue of Dismissal:	MTR Tsim Sha Tsui Station
Remarks:	1. Students must wear school uniforms. 2. 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 Ms. Tse Ka Yin at 2570 0331.

Yours faithfully

Mr. Lee Kin Lim Larry  
Principal



<Reply Slip>

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**Aviation Emergency Evacuation Experience and Chinese Culture Tour Sharing Session**

**Please return this slip through eClass Parent App on or before 14<sup>th</sup> May 2026 (Thu)**

Dear Principal

I acknowledge the receipt of the notice regarding the Aviation Emergency Evacuation Experience and Chinese Culture Tour Sharing Session.

I give permission to my child to join the Aviation Emergency Evacuation Experience and Chinese Culture Tour Sharing Session.

Name of student: \_\_\_\_\_ Class: \_\_\_\_ ( )

Name of parent / guardian: \_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_

Contact number of parent / guardian: \_\_\_\_\_

Contact number of student: \_\_\_\_\_

Date: \_\_\_\_\_

