



余振強紀念第二中學
Yu Chun Keung Memorial College No.2
 香港薄扶林置富徑一號
 1 Chi Fu Close, Pokfulam, Hong Kong
 Tel.: (852) 2551 8285 Fax: (852) 2875 3867
 Website: <http://www.yck2.edu.hk> E-mail: office@yck2.edu.hk

25th June, 2024

Greater Bay Area Exploration · Diversity and Inclusion Community Caring Programme

Dear Parents,

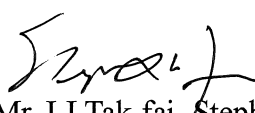
The Hong Kong Association of Banks and the Hong Kong Federation of Youth Groups are organizing the Greater Bay Area Exploration·Diversity and Inclusion Community Caring Programme 2024. The programme aims to provide high school and tertiary students with the opportunity to visit the Qianhai area, engage in activities such as visiting financial and technology companies, government agencies, and exchanging ideas with industry professionals. Apart from offering valuable learning opportunities to broaden horizon of senior teenagers, the programme also emphasizes the values of diversity and inclusion and encourages youth to share the insights they gained back to the community.

Details are as follows:

Date:	28 th June, 2024 (Friday)
Venue:	Tencent Financial Education Experience Space, Nanshan, Shenzhen
Targets:	F.4B
Gathering Time and place:	7:45a.m. Yew Chung International School (Kowloon Tong MTR Station Exit D)
Dismissal Time and place:	5:30 p.m., Kowloon Tong MTR Station Exit D
Teacher-in-charge:	Mr. S.L. Yeung
Fee:	Free of charge
Transportation:	Coach
Remarks:	1. Students should wear PE uniform with sports shoes. 2. Students should follow the instructions of teachers and the staff of the venue.

Please encourage your son/ daughter to participate in the above activity. If you have any enquiries, please contact our teachers in charge at 2551 8285.

Yours faithfully,


 Mr. LI Tak-fai, Stephen
 The Principal

Reply Slip

Date: _____

To: Principal of Yu Chun Keung Memorial College No.2

I have read the School Circular No. 129u and acknowledge the arrangements concerning “Greater Bay Area Exploration · Diversity and Inclusion Community Caring Programme” activity. I will urge my son/daughter to attend the activity on time.

Student’s Name: _____

Class: _____ ()

Signature of Parent/ Guardian: _____

Emergency contact No.: _____

Student’s contact No.: _____