

A Student Workshop (SCI3511)

Unleash Your Power to Understand Through Inquiry Learning

30 Oct 2010

Speaker: Dr. Mark Salata

Enrollment Result

Thank you for your application to “**Unleash Your Power to Understand Through Inquiry Learning**”.
Students with the following Student Member Numbers are accepted for this programme.

| | | | | |
|----------|----------|----------|----------|----------|
| 01103171 | 01105980 | 01107642 | 01107782 | 01107862 |
| 01108342 | 01108502 | 01110303 | 01211862 | 01512122 |
| 02101323 | 02101352 | 02101372 | 02101731 | 02102224 |
| 02102382 | 02103112 | 02103412 | 02104102 | 02104122 |
| 02105573 | 02106474 | 02106502 | 02107734 | 02108112 |
| 02108132 | 02108624 | 02108972 | 02109793 | 02110152 |
| 02110223 | 02112082 | 02213591 | 02213930 | 02213982 |
| G76553 | | | | |

Please note the following for the details for the workshop on 30 Oct 2010:

Date: 30 Oct 2010 (Saturday)

Time: 10:00 am – 1:00 pm

Venue: Self-Study Centre, 1/F, Fukien Secondary School
83 Chun Wah Road, Kwun Tong, Kowloon

** In the event of unstable weather conditions, please refer to the website of HKAGE for the related arrangement http://hkage.org.hk/en/sz_weather.html.*

All accepted students have to fax back the **Confirmation Slip** on the next page by **28 Oct 2010 (Thu)** to the fax number is 2490 4730. Late or no reply will be considered as self-withdrawal.

Any students who have to withdraw themselves during the programme should provide a written confirmation with reasons to the following contact of HKAGE.

Project Assistant
Project Officer

Ms. Yip
Mr. Kwong

(Email: klyip@hkage.org.hk)
(Email: khkwong@hkage.org.hk)

Tel: 3698 3498 Fax: 2490 4730
Tel: 3698 3494 Fax: 2490 4730

Unleash Your Power to Understand Through Inquiry Learning

30 Oct 2010

Speaker: Dr. Mark Salata

TO: The Hong Kong Academy for Gifted Education,
East Block, Kowloon Tong Education Services Centre,
19 Suffolk Road, Kowloon Tong, Kowloon
(Fax no: 2490 4730)

Completed Confirmation Slip should be
submitted to the HKAGE by fax or by post
on or before 28 Oct 2010 (Thu).

Confirmation Slip

Student Name: (English) _____ (Chinese) _____

Student ID: 0 _____ / G _____ Contact No.: _____

Email: _____

I do hereby confirm * **to / not to** (*please delete as appropriate*) participate in the above programme with parents' / guardian's approval. I promise once I join the programme, I am obliged to follow the notes below:

Notes:

1. Please keep a photocopy of this slip for your own reference.
2. Student applicants must get parent / guardian's approval and signature in confirming participation.
3. You should attend the activity punctually. **If you cannot attend, please notify the HKAGE / activity organizer by submitting the [Leave Application Form](#) with parents' signature and reasons for absence.** Absence without appropriate reasons is in fact a waste of resources and may affect the chance of being accepted to other programmes organised by the Hong Kong Academy for Gifted Education in the future.
4. In the event of public announcement by the Education Bureau that all schools are to be closed as a result of adverse weather conditions (e.g. tropical cyclone or rainstorm), the programme scheduled on that day will be cancelled or postponed. Make-up class arrangement will be announced on our website in due course. Please refer to http://hkage.org.hk/en/sz_weather.html for details.
5. HKAGE and the activity organisers will do their utmost to ensure the safety of the student participants during the activities. Parents have the responsibility to decide whether the programme fits their children according to the situation of their children and the nature of the programme, and bear all the consequences. To ensure safety, parents can decide whether it is necessary to send their children to the venue of the activities and pick them up after the activities.
6. Students are encouraged to report to their parents and teachers about their progress in the activities.
7. For enquiries, please contact Ms Yip at 3698 3498 or Mr Kwong at 3698 3494.

| Student | Parent / Guardian |
|------------------|--|
| Signature: _____ | Signature: _____ |
| Date: _____ | Name: _____ |
| | Telephone No.: _____ (as emergency contact) |
| | Date: _____ |