



無人機編程體驗課程

本校特邀請 貴子弟參加本年度新設的「無人機編程體驗課程」。課程為學生提供對無人機編程的基本了解及操作，藉此培養學生興趣。課程的詳情如下：

日期：	2026年 - 2/3、9/3 (逢星期一進行)								
地點：	STEM Room (6/F)								
費用：	免費								
備註：	是次活動內容具以下元素 <table><tr><td><input checked="" type="checkbox"/></td><td>1. 靜態活動</td><td><input type="checkbox"/></td><td>2. 劇烈活動</td></tr><tr><td><input type="checkbox"/></td><td>3. 戶外體力消耗</td><td><input type="checkbox"/></td><td>4. 較長時間戶外逗留</td></tr></table> <p>*如患有心臟、呼吸系統或慢性疾病的同學，請諮詢醫生意見是否適宜參與上述 2、3 或 4 項的活動。</p>	<input checked="" type="checkbox"/>	1. 靜態活動	<input type="checkbox"/>	2. 劇烈活動	<input type="checkbox"/>	3. 戶外體力消耗	<input type="checkbox"/>	4. 較長時間戶外逗留
<input checked="" type="checkbox"/>	1. 靜態活動	<input type="checkbox"/>	2. 劇烈活動						
<input type="checkbox"/>	3. 戶外體力消耗	<input type="checkbox"/>	4. 較長時間戶外逗留						

注意事項：

1. 請家長於回條填寫參加興趣小組之意願。
2. 假若在活動進行中天氣轉壞或有突發事情出現以致活動需要終止，負責老師將在安全情況下安排學生儘快返回家。
3. 參加者必須遵守校規，並絕對服從負責老師指導。
4. 如對上述小組安排有任何疑問，歡迎隨時致電本校，聯絡學生支援社工劉子龍先生。

特殊教育需要統籌主任
吳祖兒老師

二零二六年二月二十七日

回條

本人已知悉貴組舉辦「無人機編程體驗課程」之事宜。(請於適當格內加「✓」號)

敝子弟 擬參加以上活動，並將準時出席課堂。

不擬參加以上個別訓練。

學生姓名：_____

班別：_____

學號：_____

家長姓名：_____

簽署：_____



Drone Programming Introductory Course

The Drone Programming Introductory Course provides students with a fundamental understanding of drone programming and operation, fostering their interest in this field. The details of the course are as follows:

Date :	2026 - 2/3、9/3 (Monday)								
Venue :	STEM Room (6/F)								
Fee :	Free of charge								
Notice :	<p>The activity includes the following elements:</p> <table><tr><td><input checked="" type="checkbox"/></td><td>1. Static activities</td><td><input type="checkbox"/></td><td>2. Vigorous activities</td></tr><tr><td><input type="checkbox"/></td><td>3. Outdoor physical exertion</td><td><input type="checkbox"/></td><td>4. Extended outdoor stay</td></tr></table> <p>* Students with heart, respiratory or chronic diseases should consult a doctor to determine whether it is suitable for them to participate in activities that include items 2, 3 or 4 mentioned above.</p>	<input checked="" type="checkbox"/>	1. Static activities	<input type="checkbox"/>	2. Vigorous activities	<input type="checkbox"/>	3. Outdoor physical exertion	<input type="checkbox"/>	4. Extended outdoor stay
<input checked="" type="checkbox"/>	1. Static activities	<input type="checkbox"/>	2. Vigorous activities						
<input type="checkbox"/>	3. Outdoor physical exertion	<input type="checkbox"/>	4. Extended outdoor stay						

Remarks :

1. Please indicate their interest in participating the course on the reply slip
2. In the event of inclement weather or any unforeseen circumstances that may require the activity to be terminated, the responsible teacher will arrange for students to return home as soon as possible under safe conditions.
3. Participants must adhere to the school and event regulations and strictly follow the instructions of the responsible teacher.
4. If you have any questions regarding the arrangements, feel free to contact the student support social worker, Mr. Lau Tsz Lung.

Special Educational Needs
Coordinator
Mr. Ng Cho Yi

Reply Slip

I understand the contents of this notice (SS 25-26_22) 。 * (Please tick as appropriate)

- I agree my son to participate in this activity.
 I disagree my son to participate in this activity.

Name : _____

Class : _____

No : _____

Parent's Name : _____

Parent's Signature : _____