



佛教大雄中學

BUDDHIST TAI HUNG COLLEGE

SPONSORED BY THE HONG KONG BUDDHIST ASSOCIATION

香港九龍深水埗蘇屋長發街三十八號 電話：二三八六二九八八 傳真：二三八六九三六五

38, CHEUNG FAT STREET, SO UK, SHAMSHUIPO, KOWLOON, HONG KONG. Tel: 23862988 Fax: 23869365



尊敬的家長：

通告編號：1089

本校謹定於二零二五年十二月五日(星期五)上午十時三十分在學校禮堂舉行二零二四至二五年度頒獎典禮。我們很榮幸邀請了校友香海正覺蓮社佛教梁植偉中學黃秀儀校長任主禮嘉賓。這是十分值得與家長共享的盛事，而且貴子弟又是這次典禮的領獎生，本人誠意邀請閣下屆時出席，同享光榮、喜悅。

佛教大雄中學校長



招康明謹啟

二零二五年十月十五日

註：1. 領獎生家長請於當天上午十時正至十時二十分入座。

2. 領獎生須穿著典禮服飾於當天上午九時三十分向陳小晴老師報到，參與典禮綵排。

---✂----- 回 ----- 條 -----

尊敬的招校長：

本人為二零二四至二五年度（ ）班學生（ ）家長，屆時

* 定必準時(家長人數：____位) 出席二零二四至二五年度頒獎典禮。

* 未 克

而敝子弟 * 定必準時

* 未 克

出席是次典禮。多謝邀請。

家長

謹覆

二零二五年 月 日

* 請將不適用者刪去

註：請於二零二五年十一月五日前將回條寄回校務處陳小姐。

CME / LHU



佛教大雄中學 香港佛教聯合會主辦
BUDDHIST TAI HUNG COLLEGE

SPONSORED BY THE HONG KONG BUDDHIST ASSOCIATION

香港九龍深水埗蘇屋長發街三十八號 電話：二三八六二九八八 傳真：二三八六九三六五

38, CHEUNG FAT STREET, SO UK, SHAMSHUIPO, KOWLOON, HONG KONG. Tel: 23862988 Fax: 23869365



15th October, 2025

No. 1089

Dear Parents / Guardians,

Buddhist Tai Hung College
Prize Giving Day (2024-25)

You are hereby cordially invited to attend our Prize Giving Day, to be held on the 5th December, 2025 (Friday) at 10:30 a.m. in the School Hall.

Ms. Wong Sau Yi, Principal of HHCKLA Buddhist Leung Chik Wai College and our alumna has graciously consented to officiate at the ceremony.

We are also pleased to inform you that your child is one of the prize winners. We hope that you can share the joy with us on this special occasion.

Please return the reply slip enclosed herewith to Ms. Chan at the General Office of the school on or before the 5th November, 2025.

Yours faithfully,



Mr. Chiu Hong Ming
Principal
Buddhist Tai Hung College

(Remarks: Parents of prize winners will be seated between 10:00 a.m. and 10:20 a.m. on the occasion. Prize winners must report to Ms. Chan Siu Ching at 9:30 a.m. in **formal dress code** for rehearsal.)

Reply Slip

I, the parent of _____ (Form _____),

*will / will not attend the Prize Giving Day (2024-25) of Buddhist Tai Hung College.

Number of attendees: _____

My child * will / will not attend this function.

Signature of Parent: _____

Date: _____

* Please delete as inappropriate.

CME / LHU