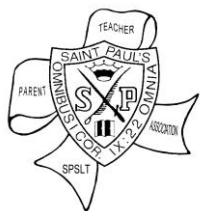


\*請在合適的方格□內加上"✓"號。



# St. Paul's School (Lam Tin)

## Parent Teacher Association

10, On Tin Street, Lam Tin  
Tel: 2347 2991 Fax: 2349 7892 Email: pta@spslt.edu.hk

2025-26  
PTA006  
S1 Parent workshop

15<sup>th</sup> Oct, 2025

### S1 Parent Workshop – Helping Children to Start Their Secondary School Life

Dear Parents,

In order to enable S1 parents to help their children adapt to secondary school life, as well as enhance parent-child communication and improve parenting, our Association has invited Ms. Lee Shuk Chun, Sarah, a registered counselling psychologist from Hong Kong Shue Yan University, to organize a four-session workshop for S1 parents to share her experiences and tips in supporting youngsters. We hope that parents can develop positive family relationships and grow with young people.

#### Details of the activity:

- Dates : 5<sup>th</sup> Nov, 2025 (Wednesday)  
12<sup>th</sup> Nov, 2025 (Wednesday)  
19<sup>th</sup> Nov, 2025 (Wednesday)  
26<sup>th</sup> Nov, 2025 (Wednesday)
- Time : 9:30-11:00 a.m.
- Venue : Spiritual Corner (G/F, Main Block)
- Speaker : Ms. Lee Shuk Chun, Sarah, registered counselling psychologist
- Topic : S1 Parent Workshop – Helping Children to Start Their Secondary School Life
- Quota : 15 people per session (If the number of applicants exceeds the quota, the decision will be made by drawing lots.)

Participants are required to attend all four sessions. Please sign the eClass parents' notice **on or before 24<sup>th</sup> Oct, 2025 (Friday)**. I hope that parents will take time to participate and share parenting experiences and tips so as to assist S1 students in adapting to their school life.

Ms. Hung Yuk Yee  
Principal  
St. Paul's School (Lam Tin)

Ms. Zhao Yuxi, Fiona  
Chairperson  
St. Paul's School (Lam Tin)  
Parent Teacher Association

# The workshop will be conducted in Cantonese.

✂-----

### S1 Parent Workshop – Helping Children to Start Their Secondary School Life

#### Reply Slip

Dear Principal and Chairperson of PTA,

I am informed of the S1 Parent Workshop that will be held on 5<sup>th</sup> Nov, 12<sup>th</sup> Nov, 19<sup>th</sup> Nov and 26<sup>th</sup> Nov in the morning.

I

- \* ☐ will attend all four sessions. \_\_\_\_\_  
☐ will not attend the workshop.

Signature of parent : \_\_\_\_\_  
Name of parent : \_\_\_\_\_  
Name of student : \_\_\_\_\_  
Class : \_\_\_\_\_ ( )  
Mobile phone no. : \_\_\_\_\_  
Date : \_\_\_\_\_

\*Please "✓" as appropriate.