

金巴崙長老會耀道中學

敬啟者：

有關李嘉誠基金會「善用錢」計劃事宜

李嘉誠基金會為支持 2018 年香港中學文憑試 (DSE) 考生，推行「善用錢」計劃，紓減他們因公開考試而須面對的外在壓力。「善用錢」計劃提倡「善用自主、駛得啱」精神，以「無條件直接支援」模式，於 10 月份向元朗及離島區的 2018 年香港中學文憑試 (DSE) 考生每人發放 5,000 港元，鼓勵同學「善用自主」、善用金錢，也為他們打氣。

為協助各家長及中六同學申請該基金會「善用錢」計劃，請於在九月七日或之前填寫本回條的附件一及交回本校。

此致
貴家長

金巴崙長老會耀道中學校長

柳子權 謹啟

二零一七年九月一日

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The Project “Decide Well Spend Wisely” offers direct support to the 2018 Hong Kong Diploma of Secondary Education Examination (HKDSE) students from Yuen Long, Islands and Tuen Mun Districts.

The gift of HK\$5,000 will enable recipients to focus their energy on facing the HKDSE examination. We trust that they will spend the money wisely according to their needs.

致：學校老師 To: The School Teacher

(由學生填寫 To be completed by the nominated student)

本人_____知悉並欲 **參與 / 不參與**# 「善用錢」計劃，並會透過所就讀學校提交有關申請。I _____ have noted the details of the Project “Decide Well, Spend Wisely” and I **Can / Can’t** # join the Project and fully agreed to making the submission through my school.

學生簽署 Signature of Student : _____

參與此計劃的學生，請提供以下資料:

Student who joins this project, please provide the information as follows:

請提供英文全名 Please provide ENGLISH Full Name : _____

(必須與香港身份證所示**完全相同**，以作日後簽發支票抬頭。如因任何錯漏引致未能領取善用錢，後果自負。)(The name should be **exactly the same** as appeared on **HKID card** for issuing cheque. Student should bear the consequence if the cheque cannot be processed due to any inaccuracy.)

所就讀學校名稱 Name of School : _____ 班別 Class : _____

個人電郵 Personal Email : _____

日期 Date : _____

(由家長填寫 To be completed by Parent)

本人已知悉「善用錢」計劃之詳情，現 **同意 / 不同意**# 敝子女參加是項計劃。I have noted the details of the Project “Decide Well, Spend Wisely”, and I **Agree / Do Not Agree**# my son/daughter to participate in this Project.

家長簽署 Parent’s signature: _____

家長姓名 Name of Parent: _____ 日期 Date : _____

#請刪除不適用者 Please delete as appropriate