



惠僑英文中學

WAI KIU COLLEGE

九龍石硤尾偉智街十七號

17 Wai Chi Street, Shek Kip Mei, Kowloon, Hong Kong.

電郵地址(E-mail): wkc@wkc.edu.hk

電話: 852-2777 6289 傳真: 852-27767727

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網址(Website): <http://www.wkc.edu.hk>

Ref. No. : LT_ST25-26/03(b)

17th September, 2025

Dear Parents / Guardians,

Supplementary Lessons (S6)

In order to strengthen students' learning foundation and achieve satisfactory results in the public examinations, our school has arranged supplementary lessons conducted by subject teachers for S6 students. All students are required to attend the lessons on time. For leave applications, please follow the procedure stated on p.18 of the student handbook. Details of the supplementary lessons for S6 are as follows:

Date	29/9/2025 (Monday) to 23/1/2026 (Friday)
Time	15:45-16:45
Dates of supplementary lessons	<p>Chinese Language: Every Tuesday 14/10、28/10、11/11、25/11、9/12、13/1</p> <p>English Language: Every Tuesday 30/9、21/10、4/11、18/11、2/12、6/1、20/1</p> <p>Elective: Every Wednesday Biology, Geography, History, ICT, Visual Arts 8/10、15/10、22/10、5/11、12/11、19/11、26/11、3/12、10/12、7/1、14/1、21/1</p> <p>Mathematics: Every Thursday 2/10、9/10、16/10、23/10、30/10、6/11、13/11、20/11、27/11、4/12、11/12、8/1、22/1</p> <p>Elective: Every Friday Chemistry, Chinese History, Economics, Physics, Tourism and Hospitality Studies 3/10、10/10、17/10、24/10、31/10、7/11、21/11、28/11、5/12、12/12、9/1、23/1</p> <p>Chinese Language: Every Friday (Multi-intelligence activity lesson) 3/10、17/10、31/10、21/11、5/12、9/1</p> <p>English Language: Every Friday (Multi-intelligence activity lesson) 10/10、24/10、7/11、28/11、12/12、23/1</p>

Please complete the reply slip, duly signed, and return it to your child's class teacher(s) on or before Wednesday, 19th September, 2025. Should you have any enquiries, please contact the subject teachers or the class teachers.

Yours faithfully,



TSO Tat-ming
Principal



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Dear Principal,

I acknowledge the arrangement of the S6 supplementary lessons arranged by the school.

Name of Student : _____

Class and Class No. : _____

Signature of Parent / Guardian : _____

Name of Parent / Guardian : _____

Date : _____