

To: School Sports Programme Unit
Leisure and Cultural Services Department
(Fax: 2684 9076)

(For Official Use Only)
Date of Receipt: _____
S/N No.: _____

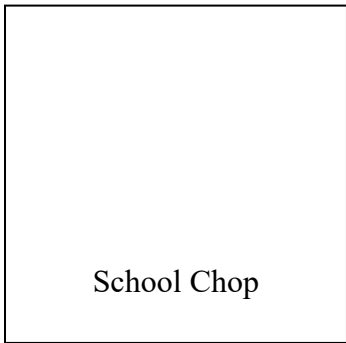
School Sports Programme
The iSmart Fitness Scheme for the 2024/25 Academic Year
Application Form
(Please return the form to the School Sports Programme Unit
by fax on or before 7 June 2024)

Our school wishes to join the iSmart Fitness Scheme (Scheme).

Name of
Teacher-in-charge: _____ Post: _____

Tel. No.: _____ Email: _____

Signature of
Principal : _____
Name of Principal : _____
Name of School : _____
School Address : _____
Fax No. : _____
Date : _____



Remarks:

- i. The information provided by the applicant will only be used by the LCSD for the purposes of handling applications for the Scheme, announcing balloting results, compiling statistics, maintaining future contact and conducting feedback surveys. Only persons authorised by the LCSD will have access to such personal information. For correction or enquiries of the personal information submitted, please contact the staff of the School Sports Programme Unit on 2601 7602.
- ii. Preferences of schools are for reference only. The LCSD reserves the right of final decision.

<p>Acknowledgment Receipt</p> <p>We will affix the chop on your application form and follow up on the application. The teachers-in-charge should check and retain the receipt. If you have not heard from us on the day of application submission, please contact Ms Christy TANG on 2601 7611.</p>	<p>The LCSD's chop affixed here to acknowledge receipt</p> <p>Date of Reply:</p>
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