

Dear P.1 - P.4 parents,

**Circular on the Aesthetic Group Gymnastics Training Class**

Aesthetic Gymnastics is a team sport that integrates art, expression, and emotion. It interprets music and stories through fluid and rhythmic movements, emphasizing teamwork while showcasing strength, speed, and flexibility. With participation from over 50 countries worldwide, Hong Kong is actively promoting the sport and hosting international competitions.

Providing all-round education for our students is one of our aims. We encourage students to participate in various types of competitions and activities. We have been invited by the Hong Kong, China Federation of Aesthetic Group Gymnastic (HKAGG) to join the "Hong Kong Aesthetic Gymnastics School Outreach Programme". We sincerely invite students with potential in aesthetic gymnastics to join our training class and explore this emerging sport that combines art, expression, and teamwork! Students will receive specialized training and will have the opportunity to represent the school in competitions. The details are as follows:

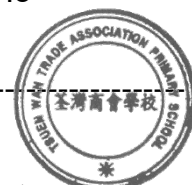
Date	Mondays (20 <sup>th</sup> October, 2025 to 2 <sup>nd</sup> March, 2026)
Place	The school
Quota	16 participants
Target	P.1 to P.4 students
Fee	Free
Activity Time	15:30 – 16:30
Dress Code	Summer school uniform
	If the class is oversubscribed, the school will arrange the list of candidates with the recommendation of the teacher.

The make-up session maybe be provided when classes are suspended. For enquiries, please contact Mr. Cheung Kwan To.

Yours faithfully,

*Chow Kim Ho*

Chow Kim Ho  
Principal



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Tsuen Wan Trade Association Primary School

Reply Slip of Circular 25-059/N07< Please return it to Mr. Cheung Kwan To via the class teacher >

**Circular on the Aesthetic Group Gymnastics Training Class**

Dear Principal,

I acknowledge the information of the circular.

- \* My child  will participate in the aesthetic group gymnastics training .
- my child  will go home on his/her own.
- will be picked up by a parent.
- will not participate in this activity.

Other opinion (if any): \_\_\_\_\_

Student's Name : \_\_\_\_\_( )

Parent's Signature : \_\_\_\_\_

Class : \_\_\_\_\_

Date : \_\_\_\_\_

\* Please put a ✓ in the appropriate box.