

Dear P.2 - P.3 parents,

Circular on "Beijing Tong Ren Tang Chinese Herbal Medicine Cultivation Program"

To help students understand the various characteristics, medicinal value, and pharmaceutical techniques of Chinese herbs, as well as the impact of scientific data on herb growth. The school has arranged for students to participate in the "Beijing Tong Ren Tang Chinese Herbal Medicine Cultivation Program" organized by Beijing Tong Ren Tang Pharmaceutical Co. Ltd., including a visit to the factory in Tai Po and a hands-on cultivation workshop. The details are as follows:

Date	13 th May, 2026 (Wednesday)
Venue	Beijing Tong Ren Tang Pharmaceutical Co. Ltd. Factory (No. 3, Dajing Street, Tai Po Industrial Village, New Territories)
Assembly Time	13:20
Dismissal Time	16:45 (No school bus service is provided)
Assembly & Dismissal Point	School
Dress Code	Summer school uniform
Transportation	Coach (Fares paid by school)
Quota	25 (If the activity is oversubscribed, the school will arrange the list of participants by drawing lots accordingly)
Fee	Free of charge
Remarks	1. Our school teacher will accompany students during the activity. 2. The quota is limited. Selected students please attend on time. 3. Students with a high attendance rate in past school activities will have a greater chance of being selected for this activity.

For enquiries, please contact Ms. Wong Chuk Kwan.

Yours faithfully,

Chow Kim Ho

Chow Kim Ho
Principal



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Tsuen Wan Trade Association Primary School

Reply Slip of Circular no 25-203/N03 < Please return it to Ms. Wong Chuk Kwan via the class teacher >

Circular on "Beijing Tong Ren Tang Chinese Herbal Medicine Cultivation Program"

Dear Principal,

I acknowledge receipt of the above-mentioned circular regarding "Beijing Tong Ren Tang Chinese Herbal Medicine Cultivation Program".

- * My child will participate in this activity and
 go home on his/her own / be picked up by a parent.
 will not participate in this activity.

Parents' remarks (if any): _____

Student's Name: _____ ()
 Class: _____

Parent's Signature: _____
 Date: _____

* Please put a '✓' in the appropriate box.