

Healthy Life Education English Programme (2024/2025)



Details for making arrangement

When scheduling the classes, it can be flexible to meet the needs of teachers and the school timetable. The following points are for a reminder.

1. Topic for each year:

Class	Topic	Time required
Kindergarten (K3)	Harold's Picnic	One hour
Primary One	Air to Live	One hour
Primary Two	Food for Life	One hour
Primary Three	Great to be Me	One hour and twenty minutes
Primary Four	Body Network	One hour and twenty minutes
Primary Five	Clear the Smoke	One hour and twenty minutes
Primary Six	My Choice	One hour and twenty minutes

2. **Please make the arrangement from March to May in 2025.**

3. No. of students: maximum 50 people.

4. Students are suggested to wear sports uniform since they will be asked to sit on the carpet.

5. Teachers' participation will be appreciated. They could help in the follow-up activities.

6. Teachers need to bring the students name list when attending the lesson.

7. Please communicate with The Education and Youth Development Bureau for students insurance as a school organized outdoor activity.

8. For those schools which require bus service, the responsible bus company will inform the time and location for fetching the students before the attending date. Please contact the educator if the bus company did not reach you.

9. **If school cancel the classes on the attending date, the school authority will be responsible to pay the traffic expenses.**

10. **Please call and confirm after you fax the application form.**

Contact person : Miss Vivien Lao (Phone number: 83997502)

Miss Claudia Cheung (Phone number: 83997505)

Miss Joana de Oliveira (Phone number: 83997523)

Fax number : 2822 5780

Website: <http://healthylife.ias.gov.mo>

Address : Rua Nova da Areia Preta, no.577, Edifício "The Bayview", r/c . Macau
(Healthy Life Education Centre)

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Application Form (March to May)

Filled in by Educators	
Code :	_____
Respondent :	_____
Date :	_____

School name: _____

Principal name: _____

School address:
(English) _____

(Chinese) _____

School phone no. : _____ Fax no. : _____ E-mail address: _____

Contact person: _____ Post: _____ Phone no: _____

Date (YY/MM/DD)	Time	Class	No. of students	Teacher's name
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			
	to			

Please read the "Details for making arrangement" before application and fill in class time according to the date order.

Please "✓" : Bus Service School Bus

Remark: _____

Principal's signature: _____ School Chop: _____

Date of Application: _____ (Year / Month / Date)

(This form can be copied)