



Notice: 11A/2025-2026

2.10.2025

To: Parents / Guardians of P.1-3,

After-school Learning and Support Program-Mathematics & Language Classes

The school launches various language and interest classes for students to enhance their understanding towards different cultures and develop their interest in Mathematics. Through the languages and interest classes, student would be able to explore languages and cultures of different countries, and develop their interest outside classroom.

Details of the programs are as follows:

| | |
|-----------------|--|
| Name of Program | 1. Abacus Mental Math (P.1-6) 4. Urdu -Elementary (P.1-6) 2. French-Beginner (P.1-6) 5. Cantonese I-Elementary (P.1-3) 3. Spanish-Beginner (P.1-6) |
| Date | <u>2025</u> (Thursdays) Oct 30; Nov 6, 20 & 27; Dec 4, 11 & 18; <u>2026</u> (Thursdays) Jan 8 |
| Time | 3:30 pm – 4:30 pm |
| Venue | Li Cheng Uk Government Primary School |
| Remarks | 1. The programs will be held in parallel sessions. Choose only <u>ONE</u> program. 2. No school bus service after the program. |

Should you allow your child to take part in the captioned activities, please note the following conditions:

1. For selection criteria, priority will be given to students of families receiving Comprehensive Social Security Assistance (CSSA) from the Social Welfare Department or Full Grant School Textbook Assistance under the Student Financial Assistance Scheme (SFAS). Proof of evidence will be required when necessary. If the number of applicants who have the same priority exceeds the target enrolment capacity, draw lots will be arranged for the selection process.
2. No School bus service will be provided after the activity. Please make proper arrangement for your child/ward to go home.
3. If your child/ward take leave on a particular activity date, you must notify the teacher-in-charge through the school handbook in advance.
4. If your child /ward is absent without reasons or notification in advance, the school has the discretion to stop him/her from joining other after-school activities.

Please indicate your wish in the reply slip and it must be returned to your class teacher on or before **9.10.2025 (Thursday)**. A confirmation notice will be issued to successful applicants/students on **15.10.2025 (Wednesday)**. Thank you for your attention.

(Ms CHUI Sau-man)

Headmistress

Reply Slip

After-school Learning and Support Program-Mathematics & Language Classes

Notice: 11A/2025-26

Date: _____

To : Headmistress,

I have read the School Notice No.11A/2025-26 dated 2.10.2025 and I fully understand its content.

I ***agree / do not agree** my child / ward to participate in **ONE** of the following programs.

| | |
|---|---|
| <input type="checkbox"/> (1) Abacus Mental Math (P.1-6) | <input type="checkbox"/> (4) Urdu-Elementary (P.1-6) |
| <input type="checkbox"/> (2) French-Beginner (P.1-6) | <input type="checkbox"/> (5) Cantonese I-Elementary (P.1-3) |
| <input type="checkbox"/> (3) Spanish-Beginner (P.1-6) | |

(Please put a tick ☒ in the box for the program your child/ward would like to join.
You can choose only **ONE** program.)

Please put a "✓" in the appropriate box and fill in CSSA reference number.

- I am ☐ a recipient of the **Comprehensive Social Security Assistance (CSSA)** from the Social Welfare Department. (CSSA Ref. No. : _____)
- ☐ a recipient of the **Full Grant** School Textbook Assistance.
- ☐ a recipient of the **Half Grant** School Textbook Assistance.
- ☐ **NOT** a recipient of the Comprehensive Social Security Assistance (CSSA) from the Social Welfare Department or School Textbook Assistance

**** Please put a tick ☒ in the appropriate box ****

Brothers / Sisters studying at LCUGPS:

1. Name: _____ (Class : _____)
2. Name: _____ (Class : _____)
3. Name: _____ (Class : _____)

Student's Name: _____ (_____) Class: P. _____

Parent's / Guardian's Name: _____ Contact Telephone No: _____

Parent's / Guardian's Signature: _____

Remark * Please delete whichever is inapplicable.