



# Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel : 2386 8049

Fax : 2708 9950

Website : <http://www.lcu.edu.hk>

Email : [lcugps@edb.gov.hk](mailto:lcugps@edb.gov.hk)

**Notice: 29/2025-26**

24.3.2026

To: Parents / Guardians,

### Parents' Day

You are cordially invited to attend the Parents' Day which will be held on **23.4.2026 (Thursday)** from **8:30 a.m. to 12:30 p.m.** Report cards (P. 1 to P.6) and formative assessment / examination papers (P.1 to P.5) will be distributed on that day, and teachers will discuss with you your child / ward's performance at school.

To avoid crowdedness, parents are expected to come to school during the designated time slots stated below.

Event	Meeting with Class Teacher			World Book Day Book Fair	Pop- Up Health Check Station	P.5 & P.6 SSPA Parents' Meeting	Parents' Stakeholder Survey
Venue	Respective Classrooms			School Hall	Small Playground	Student Activity Centre	Room 20
Time slots	Student's Name:	8:30 a.m.– 9:00 a.m.		8:30 a.m. to 12:30 p.m.			
		9:00 a.m.– 9:30 a.m.					
		9:30 a.m.– 10:00 a.m.					
		10:00 a.m.–10:30 a.m.					
	Class Number: ( )	10:30 a.m.–11:00 a.m.					
		11:00 a.m.–11:30 a.m.					
		11:30 a.m.–12:00 noon					
		12:00 noon–12:30 p.m.					

### Remarks:

- \*1. Please indicate on the reply slip if you wish to meet with the Discipline Mistress, SEN Coordinator, Guidance and Counselling Master or the School Social Worker.
2. Please fill in the attached survey on “*Student's Behaviour at Home*” and return it to the class teacher by **16.4.2026 (Thursday)**.
3. There will be **NO SCHOOL** for P.1 to P.6 students on 23.4.2026. If students accompany their parents to school, they should put on their proper school uniform.

(Ms CHUI Sau-man)

Headmistress

**Reply Slip**

Notice: 29/2025-2026

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

To: Headmistress,

I have read Notice No. 29/2025-2026 dated 24.3.2026 and I fully understand its contents.

1. \*  I **will** attend the Parents' Day on 23.4.2026 at \_\_\_\_\_ (time).

I **will not** attend the Parents' Day on 23.4.2026.

I will meet the Class Teacher on \_\_\_\_\_ (another day) at \_\_\_\_\_ (time).

2. \*  I **would** like to meet with # *the Discipline Mistress / Guidance and Counselling Master / School Social Worker / SEN Coordinator* on Parents' Day.

Student's Name: \_\_\_\_\_ ( ) Class: P. \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_

**Remark:** \* Please ✓ the appropriate boxes.

# Delete whichever is not applicable.

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## Survey on Student's Behaviour at Home

(To be completed by parents / guardians)

Name of Student: \_\_\_\_\_ ( )

Class : P. \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

Relationship : \_\_\_\_\_

### A. Family Background:

1. Does the child's father live in Hong Kong? Yes / No
2. Does the child's mother live in Hong Kong? Yes / No
3. Does the child have siblings? Yes / No
4. Who looks after the child at home? \_\_\_\_\_
5. What language(s) does the child speak at home? \_\_\_\_\_

### B. Habits of the Student:

1. How long does your child take to finish his/her homework? About \_\_\_\_\_ hour(s) \_\_\_\_\_ minutes.
2. How long does your child play online games / surf the internet? About \_\_\_\_\_ hour(s) \_\_\_\_\_ minutes.
3. How often does your child read at home? About \_\_\_\_\_ hour(s) \_\_\_\_\_ minutes a week.
4. What time does your child go to bed? \_\_\_\_\_
5. What does your child do at weekends? \_\_\_\_\_

(Tick the appropriate boxes.)

		Always	Sometimes	Never
6.	Does your child show you his/her homework book every day?			
7.	Does your child need your help with his/her homework?			
8.	Does your child go to the library?			
9.	Does your child share his/ her school life with you?			
10.	Does your child have a balanced diet?			
11.	Does your child eat fruits and vegetables every day?			
12.	Does your child have enough sleep every night?			
13.	Does your child read the news (on TV/ online / newspaper)?			
14.	Does your child have private tuition lessons?			
15.	Does your child enjoy going to school?			

16. What does your child do during his/ her spare time? (You may tick more than one)

<input type="checkbox"/>	watch TV / movies / youtube	<input type="checkbox"/>	do sports / exercises	<input type="checkbox"/>	draw
<input type="checkbox"/>	study / do revision	<input type="checkbox"/>	read books	<input type="checkbox"/>	write
<input type="checkbox"/>	play outdoors	<input type="checkbox"/>	help with housework	<input type="checkbox"/>	surf the internet

Others (Please specify): \_\_\_\_\_

17. What is your child good at? \_\_\_\_\_

18. What are your child's interests? \_\_\_\_\_

19. What are your child's areas for improvement? \_\_\_\_\_

### C. Comments and Suggestions:

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