



# Li Cheng Uk Government Primary School

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## Parent-Teacher Association

### Notice No: 1/2022-23

2.9.2022

Dear Parent/Guardians,

### Tie Dye Workshop & Recruitment of parent-child participants for Thalassaemia Flag-selling Day

In order to enhance the home-school cooperation and the interaction between parents, teachers and students, two activities are going to be held in September. The details are as follows:

#### Activity 1: Tie Dye Workshop for Parents

Date:	9 <sup>th</sup> September, 2022 (Friday)
Time:	10:30am – 12:00noon
Venue:	Rm 37 (VA Room)
Target:	30 Parents (*Confirmation calls will be given to enrolled parents on or before 7.9.2022)

#### Activity 2: Parent-child Thalassaemia Flag-selling Day

The Children's Thalassaemia Foundation was set up in 1993 by a group of parents, doctors and charitable members of the community. The Foundation received no subvention from government. Over the years, the Foundation has been working hard to ensure patients with thalassaemia major can grow in a healthy and happy environment.

Date:	17 <sup>th</sup> September, 2022 (Saturday)
Gathering :	9:00 a.m. at Li Cheng Uk Government Primary School Small Playground
Dismissal:	11:00 a.m. at Li Cheng Uk Government Primary School Small Playground
Place:	Cheung Sha Wan District
Remarks:	<ol style="list-style-type: none"><li>1. Students (under age 14) <b>MUST</b> be accompanied by their parents or guardians as a family unit.</li><li>2. Students should wear proper school uniform.</li><li>3. A Certificate of Appreciation will be issued to the participants after the activity.</li><li>4. In case of adverse weather condition and announcement of school suspension by the EDB, the activity will be cancelled.</li><li>5. Confirmation note will be issued to enrolled participants on or before 9.9.2022.</li></ol>

**\*\*Under the "Vaccine Pass" arrangement, participants entering our school and specific premises or joining extra-curriculum activity must comply with the COVID-19 vaccination requirements.\*\***

Please indicate your preference on the reply slip and return it to the class teacher on or before **5.9.2022(Monday)**. Walk-in participants will not be entertained. Should you have any enquiries, please contact Ms Angela (School Social Worker) at 2386 8049 during school hours.

Thank you for your attention and co-operation.

(Ms CHUI Sau-man)

Headmistress

**Reply Slip**

**Recruitment of parent-child participants for Thalassaemia Flag Day & Tie Dye Workshop**

PTA Notice: 1/2022-23

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

To: PTA Chairperson and Headmistress,

I have read the PTA Notice No. 1/2022-23 dated 2.9.2022 and I fully understand its content.

☐ I **wish** to join the Activity ① **Tie Dye Workshop for Parents.**

☐ I **wish** to join the Activity ② **Parent-child Thalassaemia Flag-selling Day.**

**Remarks:** Student who are interested to join Flag-selling are required to have received 2 doses of COVID-19 Vaccine for more than 14 days.

Name of the Parent volunteer: \_\_\_\_\_ (Relationship: \_\_\_\_\_)

Contact No.: \_\_\_\_\_

☐ I **do not wish** to join any of the above-mentioned activities.

**Remark:** Parents who are interested to join the above activities are required to fill in the **Record of Health Status and Vaccination of COVID-19 (Annex 1).**

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

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

## Record of Health Status and Vaccination of COVID-19

Name of parent: \_\_\_\_\_

### ● Health Status

**Parents have to submit a copy of proof of COVID-19 infection, including hospital discharge letters, isolation orders issued by Department of Health, any recovery records issued by the Government or Hospital Authority upon enrollment.**

☐ I have not yet been infected by COVID-19.

☐ I was tested positive by Rapid Antigen Test on \_\_\_\_\_. (date of obtaining positive result)

☐ I was tested positive by Nucleic Acid Test on \_\_\_\_\_. (date of obtaining positive result)

### ● Vaccination Status

**Parents have to submit a copy of Vaccination Record of COVID-19 or proof of exemption upon enrollment.**

☐ I have not yet been vaccinated for COVID-19.

☐ I am exempted from Vaccine Pass requirements.

☐ I have been vaccinated with 1 dose of BioNTech on \_\_\_\_\_.

☐ I have been vaccinated with 2 doses of BioNTech on \_\_\_\_\_ and \_\_\_\_\_.

☐ I have been vaccinated with 3 doses of BioNTech on \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.

☐ I have been vaccinated with 1 dose of Sinovac on \_\_\_\_\_.

☐ I have been vaccinated with 2 doses of Sinovac on \_\_\_\_\_, and \_\_\_\_\_.

☐ I have been vaccinated with 3 doses of Sinovac on \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.