



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel : 2386 8049

Fax : 2708 9950

Website : <https://lcu.edu.hk>

Email : lcugps@edb.gov.hk

Special Notice: 17/2022-23

22.9.2022

To Parent/Guardian,

School Soccer Team Training

A Soccer Team Training programme will be scheduled this year. Your child/ward is selected to join the said activity. The details are as follows:

Date: 7.10.2022 – 3.2.2023

Time of training: 2:30 p.m. – 4:00 p.m. (Every Friday)

Uniform: P.E. uniform

Place of training: Li Cheng Uk Playground/LCUGPS Playground

Responsible teacher: Mr Wa Kwai Lun

	Oct	Nov	Dec	Jan	Feb
Friday	7,14,21,28	4,11,18,25	2,9,16	6,13	3

Students aspire to take part in the activity have to note the following points:

1. Students must have handed in the Students' Health Condition Form (2022-2023) to prove that they are suitable to take part in P.E. lessons.
2. Students should wear P.E uniform during training.
3. **No school bus service** would be provided after training. Students need to go home by themselves at 4:00 p.m.
4. On rainy days, training session will be conducted in school hall or covered playground.
5. Commitment is the essential part of learning. Parents should encourage your children to complete the training with high attendance.
6. Students are suggested to bring with them a towel and sufficient drinking water.
7. In case of adverse weather and announcement of school suspension by the EDB, training sessions will be cancelled.
8. For any enquiries, please contact Mr Wa Kwai Lun by 2386 8049.

Please indicate your wish in the reply slip and return it to Mr Wa Kwai Lun on or before 29.9.2022 (Thursday).

Thank you for your attention.

(Ms CHUI Sau-man)
Headmistress

Reply Slip

School Soccer Team Training

Special Notice: 17/2022-23

Date: _____

To: Headmistress,

I have read the Special Notice No. 17/2022-23 dated 22.9.2022 and I fully understand its content.

- ☐ I **wish** my child to join this program and I will prepare lunch for my child on all training days.
- ☐ I **do not wish** my child to join this program.
- ☐ My child has taken 3 doses of vaccination.

<p>* Normal Way of going home:</p> <p><input type="checkbox"/> Go Home Alone</p> <p><input type="checkbox"/> Parent's Team</p> <p><input type="checkbox"/> School bus No. ()</p>	<p>* Way of going home after the program:</p> <p><input type="checkbox"/> Go Home Alone.</p> <p><input type="checkbox"/> Go home with his / her siblings.</p> <p>(Name: _____ Class: P. _____)</p> <p>(Name: _____ Class: P. _____)</p> <p>(Name: _____ Class: P. _____)</p> <p><input type="checkbox"/> Pick up by parent / guardian at LCUGPS.</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Contact Phone Number: _____</p>
--	--

Pupil's name: _____ () Class: P. _____

Parent's / Guardian's Signature: _____

*Please ✓ the appropriate box.