



Special Notice: 26/2022-23

5.10.2022

To: Parents/Guardians of pupils concerned,

LEGO Robotics After-school Program Group A

To empower learning through coding and engineering, the LEGO Robotics After-school Program Group A will be carried out in our school and your child is selected to join. Details are as follows:

October		
Date	Tuesday	Thursday
		6/10
	11/10	13/10
	18/10	20/10
	25/10	27/10
Venue	STEAM Lab Rm 47 (Li Cheng Uk Government Primary School)	
Time	1:15 p.m. – 3:45 p.m.	
Remarks	Please prepare self-pack lunch	

Students are required to meet the latest vaccination requirements issued by the Education Bureau for participating in extra-curricular activities. Please return the reply slip and a photocopy of the vaccination record to Ms Lau on or before 6.10.2022 (Thursday). For enquiry, please contact Ms Lau at 2386 8049. Thank you for your attention.


(Ms CHUI Sau-man)
Headmistress

Reply Slip

LEGO Robotics After-school Program Group A

Special Notice : 26/2022-23

Date: _____

To: Headmistress,

I have read the Special Notice No.26/2022-23 dated 5.10.2022 and I fully understand its content.

- * ☐ My child / ward would like to join the said activity.
☐ My child / ward is not available to join the said activity.

Vaccination Status:	Normal Way of going home:
Type of vaccination: * <input type="checkbox"/> BioNTech <input type="checkbox"/> Sinovac Doses: * <input type="checkbox"/> One dose <input type="checkbox"/> Two doses <input type="checkbox"/> Three doses Date of birth: _____ COVID-19 infected date (if applicable): _____ _____	* <input type="checkbox"/> Parents' Team <input type="checkbox"/> School Bus Team (Sch Bus No. _____) <input type="checkbox"/> Go home alone <input type="checkbox"/> Go home with brother(s)/ sister(s) (Name: _____ P. _____) (Name: _____ P. _____) Way of going home after activity: * <input type="checkbox"/> Pick up by parents <input type="checkbox"/> Go home alone <input type="checkbox"/> Go home with brother(s)/ sister(s) (Name: _____ P. _____) (Name: _____ P. _____) Please also attach copies of the siblings' vaccination record and write down the COVID-19 infected date (if applicable) on the record if they are going to stay behind.

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

Parent's/Guardian's Signature : _____

Contact telephone number: _____

Remarks: * Please ✓ in the appropriate boxes.