



**Special Notice: 39/2022-23**

31.10.2022

To: Parents/Guardians of pupils concerned,

**LEGO Robotics After-school Program Group A (November)**

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:

November		
Date	Wednesday	Thursday
	2/11	3/11
	16/11	
	23/11	24/11
	30/11	
Venue	STEAM Lab Rm 47 ( Li Cheng Uk Government Primary School )	
Time	1:15 p.m. – 4:00 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, photocopies of the vaccination record and the COVID-19 recovery record (if applicable) to Ms Lau on or before 1.11.2022 (Tuesday).

\*For students who have joined the LEGO Robotics After-school in the previous month, a photocopy of the vaccination record is only required if there is any updated information. 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 (November)**

Special Notice : 39/2022-23

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

To: Headmistress,

I have read the Special Notice No.39/2022-23 dated 31.10.2022 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.