



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

Special Notice: 40/2022-23

31.10.2022

To: Parents/Guardians of pupils concerned,

After-school STEAM Learning Program

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

Date	November	4/11(Fri), 16/11(Wed), 18/11(Fri), 23/11(Wed), 25/11(Fri), 30/11(Wed)
	December	2/12(Fri), 7/12(Wed), 9/12(Fri) 14/12(Wed)
Venue	Cal Room – Rm 20 (Li Cheng Uk Government Primary School)	
Time	1:15 p.m. – 3:30 p.m. (Half Day School) / 3:30 p.m. – 4:45 p.m. (Whole Day School)	
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 Cheung on or before 2.11.2022 (Wednesday). For enquiry, please contact Ms Cheung at 2386 8049. Thank you for your attention.

(Ms CHUI Sau-man)
Headmistress

Reply Slip

After-school STEAM Learning Program

Special Notice : 40/2022-23

Date: _____

To: Headmistress,

I have read the Special Notice No.40/2022-23 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): _____ (Please provide document of proof)	* <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.