



Li Cheng Uk Government Primary School

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Tel : 2386 8049

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Special Notice: 41/2022-23

1.11.2022

To: Parents/Guardians of pupils concerned,

Joint-School Glider Flying Workshop

To nurture student's creativity and problem solving skill, Glider Flying Workshops will be arranged and your child is selected to join. Details are as follows:

Date	6/12, 13/12, 20/12
Venue	The Arts & Technology Education Centre
Time	2:00 p.m. – 3:15 p.m.
Place and Time of Dismissal	3:50 p.m. at LCU
Remarks	Please wear PE uniform, prepare self-pack lunch and bring octopus card (for travelling to the venue)

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 Mr Lau on or before 4.11.2022 (Friday). For enquiry, please contact Mr Lau at 2386 8049. Thank you for your attention.

(Ms CHUI Sau-man)
Headmistress

Reply Slip

IT After-school Program Group B

Special Notice: 41/2022-23

Date: _____

To: Headmistress,

I have read the Special Notice No. 41/2022-23 dated 1.11.2022 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: 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): _____ _____ Remarks: * Please ✓ in the appropriate boxes.	Normal Way of going home: * <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.
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Student's name : _____ () Class P. _____

Parent's/Guardian's Signature : _____

Contact telephone number: _____