

**Special Notice: 56/2022-23**

25.11.2022

To: Parents/Guardians of pupils concerned,

After-school Glider and Microbit Learning Program(December and January)

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

Date	December	1/12(Thur), 8/12(Thur), 15/12(Thur)
	January	3/1(Tue), 5/1(Thur), 10/1(Tue), 12/1(Thur), 17/1(Tue)
Venue	CAL Room (Li Cheng Uk Government Primary School)	
Time	1:00 p.m. – 3:30 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 Mr Lau on or before 30.11.2022 (Wednesday). For enquiry, please contact Mr Lau at 2386 8049. Thank you for your attention.

(Ms CHUI Sau-man)
Headmistress

Reply Slip**After-school Glider and Microbit Learning Program(December and January)**

Special Notice: 56/2022-23

Date: _____

To: Headmistress,

I have read the Special Notice No. 56/2022-23 dated 25.11.2022 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:	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.