



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel: 2386 8049

Fax: 2708 9950

Website: <https://lcu.edu.hk>

Email: lcugps@edb.gov.hk

Special Notice: 62A/2022-23

6.12.2022

To: P. 1-6 Parents/Guardians of students concerned,

After-school Learning and Support Program – Cultural & Language Classes (Notification)

As our school will resume whole-day school starting from 3.1.2023, the remaining online Zoom lessons will be changed to FACE-TO-FACE classes. I would like to confirm the ways of dismissal for your child / ward _____ of class P. () who was enrolled in one of the following programs.

Enrolled*			
Name of Program	<input type="checkbox"/> (1) Hindi-Beginner (P.1-6)	<input type="checkbox"/> (2) Filipino-Beginner (P.1-6)	<input type="checkbox"/> (3) Spanish-Beginner (P.1-6)
	<input type="checkbox"/> (4) Urdu I-Elementary (P.1-3)	<input type="checkbox"/> (5) Nepali I-Elementary (P.1-3)	
Date	2023 (Tuesdays) Jan 3 & 10; 2023 (Monday) Jan 9		
Venue	LCUGPS		
Time	3:30 pm – 4:30 pm		
Remark	No school bus service after the program.		

Please return the reply slip to the class teachers on or before 12.12.2022 (Monday). For enquiry, please contact Ms Ho Yau Choi at 2386 8049. Thank you for your attention.

* Remark: ☒ enrolled

(Ms CHUI Sau-man)
Headmistress

Reply Slip

After-school Learning and Support Program – Cultural & Language Classes (Notification)

Special Notice: 62A/2022-23

Date: _____

To: Headmistress,

I have read Special Notice No. 62A/2022-23 dated 6.12.2022 and I fully understand its content.

* Normal Way of going home: <input type="checkbox"/> Go Home Alone <input type="checkbox"/> Parent's Team <input type="checkbox"/> School bus No. ()	* Way of going home after the program: <input type="checkbox"/> Go Home Alone. <input type="checkbox"/> Go home with his / her siblings. (Name: _____ Class: P. _____). (Name: _____ Class: P. _____). <input type="checkbox"/> Pick up by parent / guardian at LCUGPS. Name: _____ Relationship: _____ Contact Phone Number: _____
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Pupil's name: _____ ()

Class : P. _____

Parent's/Guardian's Signature: _____

Parent's/Guardian's contact Phone Number: _____

*Remark: * Please tick the appropriate box.