



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: 63/2022-23

7.12.2022

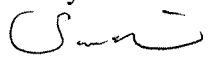
To: Parents/Guardians of pupils concerned,

Coding for kids After-school Program (Jan & Feb)

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

Date	January	5/1(Thur), 9/1(Mon), 12/1(Thur), 16/1(Mon)
	February	2/2(Thur), 6/2(Mon), 9/2(Thur), 13/2(Mon), 16/2(Thur), 27/2(Mon), 23/2(Thur)
Venue	Rm 203 (Li Cheng Uk Government Primary School)	
Time	3:30 p.m. – 4:45 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 Mr Yip Ka Shun on or before 9.12.2022 (Friday). For enquiry, please contact Mr Yip Ka Shun at 2386 8049. Thank you for your attention.


(Ms CHUI Sau-man)
Headmistress

Reply Slip

Coding for kids After-school Program (Nov & Dec)

Special Notice : 63/2022-23

Date: _____

To: Headmistress,

I have read the Special Notice No.63/2022-23 dated 7.12.2022 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	* <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. ____)
Doses: * <input type="checkbox"/> One dose <input type="checkbox"/> Two doses <input type="checkbox"/> Three doses	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. ____)
Date of birth: _____	
COVID-19 infected date (if applicable): _____	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.