



Special Notice: 66B/2022-23

13.12.2022

To: Parents / Guardians of P.4–6,

After-school Learning and Support Program (Interest Classes)

To provide more opportunities for students to enhance their learning effectiveness in different aspects and their cooperativeness with others, the school launches the following programs for the students. Details of the programs are as follows:

Name of Program	1. Korean – Beginner 2. STEM experiments 3. Magic Fun
Date	<u>2023</u> (Thursdays) March 2, 16, 23 & 30; April 13, 20 & 27; May 4, 11 & 18
Time	3:30 pm – 4:30 pm
Venue	LCUGPS
Remarks	3. The programs are in parallel sessions. Choose only <u>ONE</u> program. 4. No school bus service after the program.

Should you allow your child to take part in the captioned functions, please note the following conditions:

1. For selection criteria, priority will be given to students of families receiving Comprehensive Social Security Assistance (CSSA) from the Social Welfare Department or Full Grant School Textbook Assistance under the Student Financial Assistance Scheme (SFAS). Proof of evidence may be required when necessary. If the number of applicants who have the same priority exceeds the target enrollment capacity, draw lots will be arranged for the selection process.
2. For any enquiries, please contact Ms Chung at 2386 8049.

Please indicate your wish in the reply slip and return it to your class teacher on or before **16.12.2022 (Friday)**. A confirmation notice will be issued to successful applicants/students on **10.1.2023 (Tuesday)**.

Thank you for your attention.

(Ms CHUI Sau-man)

Headmistress

Reply Slip

After-school Learning and Support Program (Interest Classes)

Notice: 66B/2022-23

Date: _____

To: Headmistress,

I have read the Special Notice No. 46B/2022-23 dated 13.12.2022 and I fully understand its content.

I ***agree / do not agree** my child / ward to participate in **ONE** of the following programs.

☐	(1) Korean – Beginner
☐	(2) STEM experiments
☐	(3) Magic Fun

(Please put a tick ☒ in the box for the program your child/ward would like to join.

You can choose only **ONE** program from each group.)

Brothers / Sisters studying at LCUGPS:

1. Name: _____ (Class : _____)

2. Name: _____ (Class : _____)

3. Name: _____ (Class : _____)

Pupil's Name: _____ (_____) Class: P. _____

Parent's / Guardian's Name: _____ Contact Telephone No: _____

Parent's / Guardian's Signature: _____

Remark * Please delete whichever is inapplicable.