



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel : 2386 8049

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Fax : 2708 9950

Email : lcugps@edb.gov.hk

Special Notice: 75B/2022-23

12.1.2023

To: Parents / Guardians of _____ (_____),

Group Program – ‘Sensory Integration Therapy’

The school is launching the group program – Sensory Integration Therapy which intends to improve participants’ learning skills through group dynamics. Your child / ward is nominated as a participant. Details of the program are as follows:

Venue:	Li Cheng Uk Government Primary School
Date:	1/2, 8/2, 15/2, 22/2, 1/3, 15/3, 22/3, 29/3, 12/4, 26/4
Time:	3:30 p.m. to 4:00 p.m.
Remarks:	<u>No school bus service</u> after the program.

Please complete the reply slip and return it to the class teacher on or before 13 January 2023 (Friday). Should you have any enquiries, please feel free to contact Mr Yu at 2386 8049.

Thank you for your attention.

(Ms CHUI Sau-man)

Headmistress

Reply Slip

Group Program – ‘Sensory Integration Therapy’

Special Notice: 75B/2022-23

Date: _____

To: Headmistress,

I have read the School Notice No. 75B/2022-23 dated 12.1.2023 and I fully understand its content.

* ☐ I agree my child / ward to join the group program.

* <u>Normal Way of going home:</u> <input type="checkbox"/> Go Home Alone <input type="checkbox"/> Parent's Team <input type="checkbox"/> School bus No. (_____)	* <u>Way of going home after the program:</u> <input type="checkbox"/> Go Home Alone <input type="checkbox"/> Pick up by parent / guardian at LCUGPS Name: _____ Relationship: _____ Contact Phone Number: _____
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☐ I do not agree my child / ward to join the group program.

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

Parent's/Guardian's Signature: _____

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

**Please tick the appropriate box.*