



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

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Special Notice: 77/2022-23

13.1.2023

To Parent/Guardian,

Amendment of the dates of Additional Rope Skipping Training

A special training programme was scheduled for rope skipping team from January to June to prepare for intra and inter - school performances. Your child/ward is selected to join the said activity. Additional training in Chinese New Year is arranged and the information is as follows:

Period: January 2023 to June 2023

Place of training: Li Cheng Uk School Hall

Uniform: P.E. uniform

Responsible teacher(s): Ms Wong Yuen Kwan / Ms Kwok Wing Yiu / Ms Leung Ching Yee

Chinese New Year

Jan	27/1, 30/1	10:00am -12:00 noon
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Easter

Apr	7/3, 10/3	10:00am -12:00 noon
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Normal School Day

	Dates and Time	Dates and Time
Month	Tuesday 3:00pm - 4:30 pm	Friday 3:00pm-4:30pm
Feb	7, 14, 28	3, 10, 17, 24
Mar	7, 21, 28	3, 17, 24
Apr	11, 18, 25	14, 28
May	2, 9, 16, 23, 30	5, 12, 19
June	13, 20, 27	9, 16, 23

Please take note of the following points:

1. Students must hand in the Students' Health Condition Form (2022-2023) to prove that they are suitable to take part in P.E. lessons.
2. Students should wear P.E uniform during training.
3. **Normal school bus service** would be **NOT** provided after training. Parents should arrange students' dismissal.
4. Commitment is the essential part of learning. Parents should encourage your children to complete the training with sincere attitude.
5. Students should bring a towel and sufficient drinking water.

Please indicate your wish in the reply slip and return it to Ms KWOK Wing-yiu on or before 16.1.2023. For any enquiries, please contact KWOK Wing-yiu at 2386 8049.

Thank you for your attention.

(Ms CHUI Sau-man)
Headmistress

Reply Slip
Martial Arts and Rope Skipping Training

Special Notice: 77/2022-23

Date: _____

To: Headmistress,

I have read the Special Notice No. 77/2022-23 dated 13.1.2023 and I fully understand its content.

- ☐ I **wish** my child to join this program. My child fulfil the latest vaccination pass.
- ☐ I **do not wish** my child to join this program.

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

Parent's/Guardian's _____

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

****Remark: * Please tick the appropriate box***