



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

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Special Notice: 93B/2021-22

22.2.2023

To: P. 4-6 Parents/Guardians of students concerned,

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

With reference to your application on the captioned program stated in School Notice 22B/2022-23, this is to inform you that your child / ward _____ of class P. () is successfully enrolled in the following program.

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) Urdu II-Intermediate (P.4-6) <input type="checkbox"/> (4) Nepali II-Intermediate (P.4-6)
Date	2023 (Tuesdays) March 21, 28 April 11, 18, 25 May 2, 9, 16, 23 June 13	2023 (Thursdays) March 16, 23, 30 April 13, 20, 27 May 4, 11, 18, 25
Time	3:30 pm – 4:30 pm	
Venue	Li Cheng Uk Government Primary School	
Remarks	No school bus services after the program.	

Please return the reply slip to class teachers on or before 24.2.2023 (Friday). For enquiry, please contact Ms Ho Yau Choi at 2386 8049. Thank you for your attention.

* Remarks: ☒ successfully enrolled

1. If your child/ward will take leave on a particular activity date, you must notify the teacher-in-charge through the school handbook in advance.
2. If your child /ward is absent without reasons or notification in advance, the school can stop him/her from joining other after-school activities.

(Ms CHUI Sau-man)
Headmistress

Reply Slip

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

Special Notice: 93B/2022-23

Date: _____

To: Headmistress,

I have read the Special Notice No. 93B/2022-23 dated 22.2.2023 and I fully understand its content.

* <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"/> 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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Student's name: _____ () Class : P. _____

Parent's/Guardian's Signature: _____

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

*Remark: * Please tick the appropriate box