



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](mailto:lcugps@edb.gov.hk)

**Special Notice: 110/2022-23**

13.4.2023

To: Parents/Guardians of pupils concerned,

**After-school Glider Learning Program(April and May)**

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

| April |  |          |
|-------|--|----------|
|       | Tuesday  | Thursday |
|       | 18/4   | 20/4     |
|       | 25/4   | 27/4     |
| Venue | Rm 201 (Li Cheng Uk Government Primary School) |          |
| Time  | 3:30-4:45pm                                    |          |

| May   |  |          |
|-------|--|----------|
|       | Tuesday  | Thursday |
| Date  | 2/5  | 4/5      |
|       | 16/5   | 18/5     |
|       | 23/5   | 25/5     |
| Venue | Rm 201 (Li Cheng Uk Government Primary School) |          |
| Time  | 3:30-4:45pm                                    |          |

For enquiry, please contact Mr Lau at 2386 8049. Thank you for your attention.

(Ms CHUI Sau-man)  
Headmistress

**Reply Slip**

**After-school Glider Learning Program(April and May)**

Special Notice: 110/2022-23

Date: \_\_\_\_\_

To: Headmistress,

I have read Special Notice No. 110/2022-23 dated 13.4.2023 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.

|   |   |
|---|---|
| <p>Normal Way of going home:</p> <p>* <input type="checkbox"/> Parents' Team</p> <p><input type="checkbox"/> School Bus Team (Sch Bus No. _____)</p> <p><input type="checkbox"/> Go home alone</p> <p><input type="checkbox"/> Go home with brother(s)/ sister(s)</p> <p>(Name: _____ P. _____)</p> | <p>Way of going home after activity:</p> <p>* <input type="checkbox"/> Pick up by parents</p> <p><input type="checkbox"/> Go home alone</p> |
|---|---|

Student's name : \_\_\_\_\_ ( ) Class P. \_\_\_\_\_

Parent's/Guardian's Signature : \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

**Remarks: \* Please ✓ in the appropriate boxes.**