

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

Special Notice: 114/2022-23

18.4.2023

To: Parents/Guardians of students concerned,

Plastic Free Seas school workshop

To enhance students' understanding of the sources of pollution, how plastics enter into the ocean, effects of pollution on marine life as well as how plastic enters into our food chain, putting our own health at risk and the ways to help reduce our plastic consumption, students will carry out experiment to extract microbeads from facial wash and examine under the digital microscope in the workshop. Your child is selected to join. Details are as follows:

| Headmis Reply Slip Plastic Free Seas school workshop Special Notice Dat To: Headmistress, I have read the School Notice No. 114/2022-23 dated 18.4.2023 and I fully underst * I agree my child / ward to join the workshop. *Normal way of going home: *Way of dismissal after the activity Go Home Alone Go Home Alone Go Home Alone Parent's Team Name: Relationship: Contact Phone Number: I do not agree my child / ward to join the workshop. Student's name: () C | orkshop. Your child i | the digital microscope in the workshop. You | eads from facial wash and examine under to join. Details are as follows: | |
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| Time Remarks No school bus service after the workshop. Please return the reply slip to Ms Chung on or before 21.4.2023 (Friday). For contact Ms Chung at 2386 8049. Thank you for your attention. (Ms CHUI S Headmis Reply Slip Plastic Free Seas school workshop Special Notice Dat To: Headmistress, I have read the School Notice No. 114/2022-23 dated 18.4.2023 and I fully underst * I agree my child / ward to join the workshop. *Normal way of going home: Bo Home Alone Bo Home Alone Brick up by parent/ guardian at Name: Relationship: Contact Phone Number: I do not agree my child / ward to join the workshop. | 8 th May,2023(Fri) | | te | Date |
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| Parent's Team Pick up by parent/ guardian at Name: Relationship: Contact Phone Number: I do not agree my child / ward to join the workshop. Student's name: () C | ivity: | *Way of dismissal after the activity: | *Normal way of going home: | |
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| D | Class: P. | () Class: P. | t's name: | Student's nam |
| farent's / Guardian's Signature: | | | s / Guardian's Signature: | Parent's / Gua |

^{*}Please tick the appropriate box.