



# Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

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## **Special Notice: 126/2022-23**

3.5.2023

To: Parents / Guardians of \_\_\_\_\_ ( \_\_\_\_\_ ),

### **Play Therapy School Programme**

To enhance students' social competence to understand social clues, respect others' perspectives and develop emotion regulation skills, our school has joined the Play Therapy School Programme organized by the Education University of Hong Kong. Your child/ward is nominated by teachers as a participant. The details of the programme are as follows:

Date:	15/5, 22/5, 29/5, 12/6, 19/6, 26/6 (Mondays)
Time:	3:30 p.m. – 4:30 p.m.
Remarks:	<b><u>No school bus service</u></b> will be provided after the activity.

Please complete the reply slip and return it to the class teacher on or before 4 May 2023 (Thursday). Should you have any enquiries, please feel free to contact Ms CHAN Ka-yi at 2386 8049.

Thank you for your attention.

(Ms CHUI Sau-man)

Headmistress

### **Reply Slip**

### **Play Therapy School Programme**

Special Notice: 126/2022-23

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

To: Headmistress,

I have read the School Notice No. 126/2022-23 dated 3.5.2023 and I fully understand its content.

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

<b><u>*Normal way of going home:</u></b> <input type="checkbox"/> Go Home Alone <input type="checkbox"/> Parent's Team <input type="checkbox"/> School Bus No. (      )	<b><u>*Way of dismissal after the activity:</u></b> <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.

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

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

*\*Please tick the appropriate box.*