



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

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Special Notice: 1/2023-24

1.9.2023

To: Parents / Guardians of students concerned,

Physical Fitness Assessment For Exploring Students' Potential For Sports

The school is launching a physical fitness assessment to promote healthy lifestyle and explore students' potential for sports. Physical coaches from Sham Shui Po District Health Centre design 8 physical fitness tests for students. Each student will have a record card for reference to have further sports development after the test. The overall statistics among the project will be used for reference. Your child / ward is nominated as a participant. The details of the physical fitness assessment are as follows:

Venue:	School								
Date:	6/9/2023 (Wednesday)								
Time:	8:45 a.m. to 11:10 a.m.								
Fitness tests:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Hand-grip test</td> <td style="width: 50%;">5. Balance test</td> </tr> <tr> <td>2. Vertical jump test</td> <td>6. Reaction time test</td> </tr> <tr> <td>3. Sit and reach test</td> <td>7. Agility run</td> </tr> <tr> <td>4. Plank test</td> <td>8. 9-minute run</td> </tr> </table>	1. Hand-grip test	5. Balance test	2. Vertical jump test	6. Reaction time test	3. Sit and reach test	7. Agility run	4. Plank test	8. 9-minute run
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2. Vertical jump test	6. Reaction time test								
3. Sit and reach test	7. Agility run								
4. Plank test	8. 9-minute run								
Remarks:	✧ Students should wear <u>PE uniform</u> .								

Please complete the reply slip and return it to Ms KWOK Wing-yiu on or before 4.9.2023 (Monday). Should you have any enquiries, please feel free to contact Ms Kwok at 2386 8049.

Thank you for your attention.

(Ms Chui Sau-man)

Headmistress

Reply Slip

Physical Fitness Assessment For Exploring Students' Potential For Sports

Special Notice: 1/2023-24

Date: _____

To: Headmistress,

I have read the School Notice No.1/2023-24 dated 1.9.2023 and I fully understand its content.

* My child / ward is in good health and he / she will join the said activity.

My child / ward **will not** join the said activity.

Pupil's name: _____ Class: P. _____ ()

Parent's/Guardian's signature: _____ Contact no.: _____

Remark * Please delete the inappropriate option