



# Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel: 2386 8049

Website: <https://lcu.edu.hk>

Fax: 2708 9950

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

## Special Notice: 36A/2023-24

13.10.2023

To: P. 1-3 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 10A/2023-24, this is to inform you that your child / ward \_\_\_\_\_ of class P. ( ) is successfully enrolled in the following program.

<b>Enrolled*</b>			
<b>Name of Program</b>	<input type="checkbox"/> (1) Hindi-Beginner (P.1-6)	<input type="checkbox"/> (2) Filipino-Beginner (P.1-6)	<input type="checkbox"/> (3) Spanish-Beginner (P.1-6)
	<input type="checkbox"/> (4) Urdu I-Elementary (P.1-3)	<input type="checkbox"/> (5) Nepali I-Elementary (P.1-3)	
<b>Date</b>	<u>2023</u> (Tuesdays) Oct 24 & 31; Nov 21; Dec 5, 12 & 19; <u>2024</u> (Tuesdays) Jan 9, 16, 23 & 30		
<b>Time</b>	3:30 pm – 4:30 pm		
<b>Venue</b>	Li Cheng Uk Government Primary School		
<b>Remarks</b>	No school bus service after the program.		

Please return the reply slip to class teachers on or before 17.10.2023 (Tuesday). For enquiry, please contact Ms Ho Yau Choi at 2386 8049. Thank you for your attention.

\* Remarks:  successfully enrolled

(Ms CHUI Sau-man)  
Headmistress

### Reply Slip

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

Special Notice: 36A/2023-24

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

To: Headmistress,

I have read the Special Notice No. 36A/2023-24 dated 13.10.2023 and I fully understand its content.

<p>* <u>Normal Way of going home:</u></p> <p><input type="checkbox"/> Go Home Alone</p> <p><input type="checkbox"/> Parent's Team</p> <p><input type="checkbox"/> School bus No. ( )</p>	<p>* <u>Way of going home after the program:</u></p> <p><input type="checkbox"/> Go Home Alone.</p> <p><input type="checkbox"/> Go home with his / her siblings. (Name: _____ Class: P. _____). (Name: _____ Class: P. _____).</p> <p><input type="checkbox"/> Pick up by parent / guardian at LCUGPS. Name: _____ Relationship: _____ Contact Phone Number: _____</p>
--	--

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

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

Parent's/Guardian's contact Phone Number: \_\_\_\_\_

*\*Remark: \* Please tick the appropriate box.*