



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

Special Notice: 36B/2023-24

13.10.2023

To: P. 4-6 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 10B/2023-24, this is to inform you that your child / ward _____ of class P. () is successfully enrolled in the following program.

| | | |
|------------------------|---|--|
| Enrolled* | | |
| Name of Program | <input type="checkbox"/> (1) Hindi-Beginner (P.1-6) | <input type="checkbox"/> (4) Urdu II-Intermediate (P.4-6) |
| | <input type="checkbox"/> (2) Filipino-Beginner(P.1-6) | <input type="checkbox"/> (5) Nepali II-Intermediate (P.4-6) |
| | <input type="checkbox"/> (3) Spanish-Beginner (P.1-6) | |
| Date | <u>2023</u> (Tuesdays) Oct 24 & 31; Nov 21; Dec 5, 12& 19; | <u>2022</u> (Thursdays) Oct 26; Nov 2, 16, 23& 30; Dec 7& 14 |
| | <u>2024</u> (Tuesdays) Jan 9, 16, 23 & 30 | <u>2024</u> (Thursdays) Jan 4, 11& 18 |
| Time | 3:30 pm – 4:30 pm | |
| Venue | Li Cheng Uk Government Primary School | |
| Remarks | 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: 36B/2023-24

Date: _____

To: Headmistress,

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

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

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

Parent's/Guardian's Signature: _____

Parent's/Guardian's contact Phone Number: _____

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