



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

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Special Notice: 42/2023-24

20.10.2023

To: Parents / Guardians of _____ (_____),

Anxiety Management Training Group

To help students manage stress in their daily life, our school launches the anxiety management training group in collaboration with the personnel from the Student Mental Health Support Scheme. Your child is nominated by teachers as a participant. Details of the programme are as follows:

Name of Program:	Anxiety Management Training Group
Date:	Oct: 24/10, 27/10 Nov: 16/11, 20/11, 29/11 Dec: 1/12
Time:	3:30 p.m. – 5:00 p.m.
No. of participants:	3
Venue:	Li Cheng Uk Government Primary School
Remarks:	No school bus service will be provided after the activity

Please indicate your desire of allowing your child/ward to join the above-mentioned programme by completing the reply slip and returning it to the class teacher on 20 October, 2023 (Tuesday). 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

Anxiety Management Training Group

Special Notice: 42/2023-24

Date: _____

To: Headmistress,

I have read the School Special Notice No. 42/2023-24 dated 20.10.2023 and I fully understand its content.

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

<p>*Normal way of going home:</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>*Way of dismissal after the activity:</p> <p><input type="checkbox"/> Go Home Alone</p> <p><input type="checkbox"/> Pick up by parent/ guardian at LCUGPS</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Contact Phone Number: _____</p>
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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.*