



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

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Fax : 2708 9950

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Special Notice: 55/2023-24

7.11.2023

To: Parents / Guardians of _____ (_____),

Group Program – ‘Sensory Integration Therapy’

The school is launching the group program – Sensory Integration Therapy which intends to improve partakers’ learning skills through group dynamics. Your child / ward is nominated as a participant. Details of the program are as follows:

Venue:	Li Cheng Uk Government Primary School			
Date:	7/11	21/11	22/11, 24/11	29/11, 30/11, 12/12, 13/12, 14/12, 18/12
Time:	3:00 - 4:00pm	3:30 – 4:30pm	4:00 - 5:00pm	3:30 – 4:30pm
Remarks:	<u>No school bus service</u> will be provided after the activity.			

Please complete the reply slip and return it to the class teacher on or before 7 November, 2023 (Tuesday). Should you have any enquiries, please feel free to contact Ms Kwok Wing-yiu at 2386 8049.

Thank you for your attention.

(Ms CHUI Sau-man)

Headmistress

Reply Slip

Group Program – ‘Sensory Integration Therapy’

Special Notice: 55/2023-24

Date: _____

To: Headmistress,

I have read the School Notice No. 55/2023-24 dated 7.11.2023 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.*