



Li Cheng Uk Government Primary School

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Notice: 11/2023-24

6.12.2023

To: Parents / Guardians,

Parents' Day

You are cordially invited to attend the Parents' Day which will be held on **15.12.2023 (Friday) from 8:30 a.m. to 12:30 p.m.** Report cards (for P. 1 to P.6) and examination papers (for P.1 to P.5) will be distributed on that day, and teachers will discuss with you your child / ward's performance at school. To avoid crowdedness, parents are expected to come to school during the designated time slots stated below.

Event	Meeting with Class Teacher			Book Fair	Parent Stakeholder Survey	Health Check Station	Health Check Station & Health Talk	National Education Exhibition
Venue	Respective Classrooms			School Hall	Room 20	Small Play-ground	Room 201-203	
Time slots	Student's Name: <hr/> Class Number: ()		8:30 a.m.– 9:00 a.m.	8:30 a.m. to 12:30 p.m.				
			9:00 a.m.– 9:30 a.m.					
			9:30 a.m.– 10:00 a.m.					
			10:00 a.m.–10:30 a.m.					
			10:30 a.m.–11:00 a.m.					
			11:00 a.m.–11:30 a.m.					
			11:30 a.m.–12:00 noon					
			12:00 noon–12:30 p.m.					

Besides, as part of the School Self Evaluation Programme advocated by the Education Bureau, we are going to conduct the 'Parent Stakeholder Survey' to collect your views about our school on the same day.

Kindly spare your time to complete the survey before / after meeting the class teacher. All the information given will be kept confidential and solely for the purpose of enhancing the quality of education of our school. Your help and co-operation is highly appreciated.

Thank you for your attention and support.

Reply Slip

Notice: 11/2023-2024

Date: _____

To: Headmistress,

I have read Notice No. 11/2023-2024 dated 6.12.2023 and I fully understand its contents.

1. * I **will** attend the Parents' Day on 15.12.2023 at _____ (time).

I **will not** attend the Parents' Day on 15.12.2023.

I will meet the Class Teacher on _____ (another day) at _____ (time).

2. * I **would** like to meet with # the *Discipline Mistress / Guidance and Counselling Mistress / School Social Worker / SENCO* on Parents' Day.

I **would not** meet with # the *Discipline Mistress / Guidance and Counselling Mistress / School Social Worker / SENCO* on Parents' Day.

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

Parent's / Guardian's Signature: _____

Remark: * Please ✓ the appropriate boxes.

Delete whichever is not applicable.

Li Cheng Uk Government Primary School
Survey on Student's Behaviour at Home
(To be completed by parents / guardians)

Name of Student: _____ ()
 Name of Parent / Guardian: _____

Class : P. _____
 Relationship : _____

A. Family Background:

1. Does the child's father live in Hong Kong? Yes / No
2. Does the child's mother live in Hong Kong? Yes / No
3. Does the child have siblings? Yes / No
4. Who looks after the child at home? _____
5. What language(s) does the child speak at home? _____

B. Habits of the Student:

1. How long does your child take to finish his/her homework? About _____ hour(s) _____ minutes.
2. How often does your child read at home? About _____ hour(s) _____ minutes a week.
3. What time does your child go to bed? _____
4. What does your child do at weekends? _____

(Tick the appropriate boxes.)

		Always	Sometimes	Never
5.	Does your child show you his/her homework book every day?			
6.	Does your child need your help with his/her homework?			
7.	Does your child go to the library?			
8.	Does your child share his/ her school life with you?			
9.	Does your child have a balanced diet?			
10.	Does your child have enough sleep every night?			
11.	Does your child read the news (on TV/ online / newspaper)?			
12.	Does your child have private tuition lessons?			
13.	Does your child enjoy going to school?			
14.	Does your child play computers/ online games?			

15. What does your child do during his/ her spare time? *(You may tick more than one)*

<input type="checkbox"/> watch TV / movies / youtube	<input type="checkbox"/> do sports / exercises	<input type="checkbox"/> draw
<input type="checkbox"/> study / do revision	<input type="checkbox"/> read books	<input type="checkbox"/> write
<input type="checkbox"/> play outdoors	<input type="checkbox"/> help with housework	<input type="checkbox"/> surf the internet

Others (Please specify): _____

16. What is your child good at? _____

17. What are your child's areas for improvement? _____

C. Comments and Suggestions:
