



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: 114A/2023-24

18.1.2024

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 114A/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"/> (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)	
Date	2024 (Tuesdays) February 27 March 19 April 9, 16, 23, 30 May 7, 14, 21, 28		
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 22.1.2024 (Monday). For enquiry, please contact Ms Ho 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: 114A/2023-24

Date: _____

To: Headmistress,

I have read the Special Notice No. 114A/2023-24 dated 18.1.2024 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>
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Student's name: _____ () Class: P. _____

Parent's/Guardian's Signature: _____

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

*Remark: * Please tick the appropriate box.