



Parent-Teacher Association

Notice: 20 /2023-24

16.1.2024

To: Parents / Guardians of P.1 – P.6,

After-school Interest Class – Taekwondo Class (Elementary)

To provide more opportunities for students to learn different sports, the Parent-Teacher Association is going to launch the “After-school Taekwondo Class”. Details of the program are as follows:

Name of Program	After-school Taekwondo Class (Elementary)
Date	February: 22, 29 March: 14, 21 April: 11, 18, 25 May: 2, 9, 16 (Every Thursday)
Time	3:30 pm – 5:00 pm
Venue	LCUGPS
Group size	P.1-P.6 : 15-20 students
Fee	i) \$700 per student for 10 lessons (includes tuition fee and the belt testing fee from white belt to yellow belt) ii) \$360 per student for Dobok (uniform for practitioner) Remarks: <ul style="list-style-type: none"> • Parents must pay the lesson and Dobok fee in the 1st lesson. • Under no circumstances can the fees be refunded.
Remark	No school bus service after the program.

Should you allow your child to take part in the captioned course, please note the following:

1. If the number of applicants exceeds the target enrolment capacity, drawing lots will be arranged for the selection process.
2. For any enquiries, please contact Ms CHAN Yuk-wah at 2386 8049.

Please indicate your wish in the reply slip and return it to your class teacher on or before **19.1.2024 (Friday)**. A confirmation notice will be issued to successful applicants/students on **26.1.2024 (Friday)**. Tuition fees and Dobok fees will be collected on **22.2.2024 (Thursday)**.

Thank you for your attention.

(Ms CHUI Sau-man)
Headmistress

Reply Slip

After-school Chinese Interest Class

Notice: 20/2023-24

Date: _____

To: PTA Chairperson and Headmistress,

I have read the Special Notice No. 20 /2023-24 dated 16.1.2024 and I fully understand its content.

My child / ward is suitable in joining the sport activity and I would **like** my child / ward to join the After-school Taekwondo Class.

I would **not like** my child / ward to join the After-school Taekwondo Class.

Brothers / Sisters studying at LCUGPS:

1. Name: _____ (Class : _____)

2. Name: _____ (Class : _____)

3. Name: _____ (Class : _____)

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

Parent's / Guardian's Name: _____ Contact Telephone No: _____

Parent's / Guardian's Signature: _____

Remark * Please delete whichever is inapplicable.