



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: 100/2023-24**

5.1.2024

To Parent/Guardian,

**School Cricket Team Training**

A Cricket Team Training programme will be scheduled this year. Your child/ward is selected to join the said activity. The details are as follows:

**Uniform:** P.E. uniform

**Time of training:** 2:30 p.m. – 4:00 p.m. (Every Friday)

**Place of training:** Po On Road Playground/LCUGPS Playground

**Responsible teacher:** Mr LI Yiu-sum

	January	February	March	April
Friday	12, 19, 26	2, 23	1, 8, 15, 22	12, 19, 26

Students aspire to take part in the activity have to note the following points:

1. Students must have handed in the Students' Health Condition Form (2022-2023) to prove that they are suitable to take part in cricket team training.
2. Students must wear P.E uniform during training.
3. **No school bus service** would be provided after training. Students need to go home by themselves at 4:00 p.m.
4. On rainy days, training session will be conducted in school hall or covered playground.
5. Commitment is the essential part of learning. Parents should encourage your children to complete the training with high attendance.
6. Students are suggested to bring with them a towel and sufficient drinking water.
7. In case of adverse weather and announcement of school suspension by the EDB, training sessions will be cancelled.
8. For any enquiries, please contact Mr LI Yiu-sum by 2386 8049.

Please indicate your wish in the reply slip and return it to Mr LI Yiu-sum on or before 9.1.2023 (Thursday).

Thank you for your attention.

(Ms CHUI Sau-man)  
Headmistress

**Reply Slip**

**School Cricket Team Training**

Special Notice: 100 /2023-24

Date: 5/1/2024

To: Headmistress,

I have read the Special Notice No. ( )/2023-24 dated 5.1.2024 and I fully understand its content.

- I **wish** my child to join this program and I will prepare lunch for my child on all training days.
- I **do not wish** my child to join this program.

<p><b>* Normal Way of going home:</b></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><b>* Way of going home after the program:</b></p> <p><input type="checkbox"/> Go Home Alone.</p> <p><input type="checkbox"/> Go home with his / her siblings.</p> <p>(Name: _____ Class: P. _____)</p> <p>(Name: _____ Class: P. _____)</p> <p>(Name: _____ Class: P. _____)</p> <p><input checked="" type="checkbox"/> Pick up by parent / guardian at LCUGPS.</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Contact Phone Number: _____</p>
--	---

Student's name: \_\_\_\_\_ ( ) Class: P. \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_

\*Please ✓ the appropriate box.