



# Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

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## Special Notice: 107/2023-24

8.1.2024

To: Parents / Guardians of \_\_\_\_\_ ( \_\_\_\_\_ ),

### Group Program – ‘Sensory Integration Therapy’

The school is launching the group program – Sensory Integration Therapy which intends to improve participants’ 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:	<b>Feb</b>	6, 20, 27, 28
	<b>Mar</b>	5, 6, 20
	<b>Apr</b>	10, 17, 24
Time:	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 11.1.2024 (Thursday). 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: 107/2023-24

Date: \_\_\_\_\_

To: Headmistress,

I have read the School Notice No. 107/2023-24 dated 8.1.2024 and I fully understand its content.

\*  I agree my child / ward to join the group 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 dismissal after the activity:</b></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.*