

## Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel: 2386 8049

Website: http://www.lcu.edu.hk

Fax: 2708 9950 Email: lcugps@edb.gov.hk

**Special Notice: 140/2023-24** 

6.3.2024

## Kowloon West Area Inter-Primary Schools Basketball Competition 2023-24 (Final 12)

To: Parents / Guardian,

Our school basketball team proceeded to the final rounds in the Kowloon West Area Inter-Primary Schools Basketball Competition 2023-2024 organized by the Hong Kong School Sports Federation. Your child has been selected to join the said activity. The details are as follows:

Date	8.3.2023 (Friday)		
Time	11:00 p.m. to 1:15 p.m.		
Venue	Shek Kip Mei Park Sports Centre		
Uniform	Basketball Team Uniform		
Transportation	Provided by School		
Dismissal time Around 1:15 p.m. at LCUGPS			
and Way of dismissal:	(Please indicate the way of going home after activity in the reply slip)		

Students will be accompanied by the P.E. Teacher and the necessary precaution will be taken for their safety. Please indicate your wish whether you will allow your child to participate in the activity and declare any known medical condition from which your child may be suffering. Please return the reply slip to Mr Mui on 7.3.2024 (Thursday).

( Ms CHUI Sau-man)

Headmistress

## Reply Slip

## Kowloon West Area Inter-Primary Schools Basketball Competition 2023-24 (Final 12)

			Special Notice: 140/2023-24			
			Date:			
To:	Headmistress,	·				
	I have read the Special Notice No.140/2023-24 dated 6.3.2024 and I fully understand its content.					
* 🗆	My child / ward is in good health and would like to join the said activity.					
	My child / ward is not available to join the said acti-	vity.		·		
Vorn	nal Way of going home:					
* 🗆	Parents' Team		•			
	School Bus Team (School Bus No)					
	Go home alone					
	Go home with brother(s)/ sister(s) (Name:	P	)			
	(Name:	P	)			
Vay	of going home after activity at LCU:					
	Pick up by parents	-				
	Go home alone					
	Go home with brother(s)/ sister(s) (Name:	P	)			
	(Name:	P	)			
Practice and the second						
Student's name :		(	)	Class P.		
aren	t's/Guardian's Signature :					
onta	ct telephone number:					

Remarks: \* Please  $\checkmark$  the appropriate box.