



# Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel : 2386 8049

Fax : 2708 9950

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

Email : [lcugps@edb.gov.hk](mailto:lcugps@edb.gov.hk)

## Special Notice : 150/23-24

9.4.2024

To: Parents / Guardians,

### Parents' Day

You are cordially invited to attend the Parents' Day which will be held on **19.4.2024 (Friday) from 8:30 a.m. to 12:30 p.m.** Report cards (for P. 1 to P.6) and examination papers (for P.1 to P.5) will be distributed on that day, and teachers will discuss with you your child / ward's performance at school. To avoid crowdedness, parents are expected to come to school during the designated time slots stated below.

Event	Meeting with Class Teacher		Book Fair	Health Check Station
Venue	Respective Classrooms		Playground	Small Playground
Time slots	Student's Name: _____  Class Number: (    )	8:30 a.m.– 9:00 a.m.	8:30 a.m.  to  12:30 p.m.	
		9:00 a.m.– 9:30 a.m.		
		9:30 a.m.– 10:00 a.m.		
		10:00 a.m.–10:30 a.m.		
		10:30 a.m.–11:00 a.m.		
		11:00 a.m.–11:30 a.m.		
		11:30 a.m.–12:00 noon		
		12:00 noon–12:30 p.m.		

### Remarks:

- \*1. Please indicate on the reply slip if you wish to meet with the Discipline Mistress (Rm 37), Guidance and Counselling Mistress, the School Social Worker (Room 201) or the SENCO (Room 202).
2. Please fill in the attached survey on “*Student's Behaviour at Home*” and return it to the class teacher by **10.4.2024 (Wednesday)**.
3. There will be **NO SCHOOL** for P.1 to P.6 students on 19.4.2024. If students accompany parents to school, they should put on their school uniform.

(Ms CHUI Sau-man)

Headmistress

Reply Slip

Special Notice: 150/2023-24

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

To: Headmistress,

I have read Notice No. 150/2023-2024 dated 9.4.2024 and I fully understand its contents.

1. \*  I **will** attend the Parents' Day on 19.4.2024 at \_\_\_\_\_ (time).

I **will not** attend the Parents' Day on 19.4.2024.

I will meet the Class Teacher on \_\_\_\_\_ (another day) at \_\_\_\_\_ (time).

2. \*  I **would** like to meet with # the *Discipline Mistress / Guidance and Counselling Mistress / School Social Worker / SENCO* on Parents' Day.

I **would not** meet with # the *Discipline Mistress / Guidance and Counselling Mistress / School Social Worker / SENCO* on Parents' Day.

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

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

**Remark:** \* Please ✓ the appropriate boxes.

# Delete whichever is not applicable.

**Li Cheng Uk Government Primary School**  
**Survey on Student's Behaviour at Home**  
*(To be completed by parents / guardians)*

Name of Student: \_\_\_\_\_ ( )

Class : P. \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

Relationship : \_\_\_\_\_

**A. Habits of the Student:**

1. Where does your child usually go after school on weekdays?

<input type="checkbox"/>	Home	From _____ p.m. to _____ p.m.
<input type="checkbox"/>	Tuition Centre	From _____ p.m. to _____ p.m.
<input type="checkbox"/>	Park	From _____ p.m. to _____ p.m.
<input type="checkbox"/>	Mosque	From _____ p.m. to _____ p.m.
<input type="checkbox"/>	Others: _____	From _____ p.m. to _____ p.m.

2. Where does your child usually go at weekends/ on holidays?

<input type="checkbox"/>	Home	From _____ p.m. to _____ p.m.
<input type="checkbox"/>	Tuition Centre	From _____ p.m. to _____ p.m.
<input type="checkbox"/>	Park	From _____ p.m. to _____ p.m.
<input type="checkbox"/>	Mosque	From _____ p.m. to _____ p.m.
<input type="checkbox"/>	Others: _____	From _____ p.m. to _____ p.m.

3. How often does your child use the internet on weekdays?

<input type="checkbox"/>	0 – 30 mins per day	<input type="checkbox"/>	30 – 60 mins per day
<input type="checkbox"/>	1 – 2 hours per day	<input type="checkbox"/>	More than 2 hours per day

4. How often does your child use the internet at weekends/ on holidays?

<input type="checkbox"/>	0 – 30 mins per day	<input type="checkbox"/>	30 – 60 mins per day
<input type="checkbox"/>	1 – 2 hours per day	<input type="checkbox"/>	More than 2 hours per day

5. Which device(s) does your child use to access the internet? (Please select all applicable)

<input type="checkbox"/>	Smartphone	<input type="checkbox"/>	Tablet	<input type="checkbox"/>	Laptop/ Desktop
<input type="checkbox"/>	Gaming console	<input type="checkbox"/>	Others (Please specify): _____		

6. Which activities does your child engage in? (Please select all applicable)

<input type="checkbox"/>	Social media	<input type="checkbox"/>	Online gaming	<input type="checkbox"/>	Educational websites
<input type="checkbox"/>	Streaming videos/ movies	<input type="checkbox"/>	Online chatting/ messaging	<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Others (Please specify): _____				

7. Do you have any rules or restrictions on your child's internet use?

<input type="checkbox"/>	Yes, strict rules with limited access	<input type="checkbox"/>	Yes, some rules but with reasonable access
<input type="checkbox"/>	No specific rules, but we monitor the activities	<input type="checkbox"/>	No, there are no rules or restrictions

8. How would you rate your child's ability to control his/her time spent on the internet? (Rate on the scale of 1 to 5, with 1 being poor and 5 being excellent) \_\_\_\_\_

9. Have you noticed any signs of excessive internet use or addiction in your child?  
 Yes  No  Unsure

10. Have you noticed any changes in your child's mood or behaviour after using the internet?  
 Yes  No  Unsure

**B. Comments and Suggestions:**

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