



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

Special Notice: 152/2023-24

11.4.2024

Kowloon West Area Inter-Primary Schools Volleyball Competition 2023-24

To : Parents / Guardian,

Our school Volleyball team proceeded to the final rounds in the Kowloon West Area Inter-Primary Schools Volleyball 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	22.4.2024 (Monday)
Time	10:20 a.m. to 3:30 p.m.
Venue	To Kwa Wan Sports Centre
Uniform	Volleyball Team Uniform
Transportation	Provided by School
Dismissal	4:15 p.m. at LCU

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 Ms Chan on 15.4.2024 (Monday).

(Ms CHUI Sau-man)

Headmistress

Reply Slip

Kowloon West Area Inter-Primary Schools Volleyball Competition 2023-24

Special Notice: 152/2023-24

Date: _____

To: Headmistress,

I have read the Special Notice No.152/2023-24 dated 11.4.2024 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 activity.

Normal Way of going home:
<ul style="list-style-type: none">* <input type="checkbox"/> Parents' Team<input type="checkbox"/> School Bus Team (School Bus No. _____)<input type="checkbox"/> Go home alone<input type="checkbox"/> Go home with brother(s)/ sister(s) (Name: _____ P. _____) (Name: _____ P. _____)
Way of going home after activity (on Friday):
<ul style="list-style-type: none">* <input type="checkbox"/> Pick up by parents<input type="checkbox"/> Go home alone<input type="checkbox"/> Go home with brother(s)/ sister(s) (Name: _____ P. _____) (Name: _____ P. _____)

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

Parent's/Guardian's Signature : _____

Contact telephone number: _____

Remarks: * Please ✓ the appropriate box.