



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

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Special Notice: 96E/2025-26

13.1.2026

To: Parents/Guardians,

After-school Learning and Support Program – Cantonese I - Elementary Class (Confirmation Notice)

With reference to your application on the captioned program stated in School Notice 83A/2025-26 or 83B/2025-26, this is to inform you that your child / ward is successfully enrolled in the following program.

Enrolled*	Cantonese I -Elementary (P.1-3)
Date	2026 (Thursdays) February 5, 12 & 26; March 5 & 26; April 16 & 30; May 7
Time	3:30 pm – 4:30 pm
Venue	Li Cheng Uk Government Primary School
Remarks	No school bus service after the program.

Should you allow your child to take part in the said sessions, please note the following conditions:

1. If your child / ward take leave on a particular activity date, you must notify the teacher-in-charge through the school handbook in advance.
2. If your child / ward is absent without reasons or notification in advance, the school has the discretion to stop him / her from joining other after-school activities.
3. Students joining the interest class are reminded that full commitment for the entire program session is required.
4. If the school later finds out that your child /ward is not in receipt of Comprehensive Social Security Assistance (CSSA) or Full Grant under the Student Financial Assistance Scheme (SFAS), the school reserves the right to withdraw the student's place in the after-school classes.

Please return the reply slip to class teachers on or before 16.1.2026 (Friday). For enquiry, please contact Ms Ho Yau-choi at 2386 8049.

Thank you for your attention.

(Ms CHUI Sau-man)
Headmistress

Reply Slip

After-school Learning and Support Program – Cantonese I -Elementary Class (Confirmation Notice)

Special Notice: 96E/2025-26

Date: _____

To: Headmistress,

I have read the Special Notice No. 96E/2025-26 dated 13.1.2026 and I fully understand its content.

* Normal Way of going home: ☐ Go Home Alone ☐ Go Home with Siblings ☐ Parent's Team ☐ School bus No. ()	* Way of going home after the program: ☐ Go Home Alone. ☐ Go home with his / her siblings. (Name: _____ Class: P. _____). (Name: _____ Class: P. _____). ☐ Pick up by parent / guardian at LCUGPS. Name: _____ Relationship: _____ Contact Phone Number: _____
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Student's name: _____ () Class : P. _____

Parent's/Guardian's Signature: _____

Parent's/Guardian's contact Phone Number: _____

***Remark: * Please tick the appropriate box.**