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

Notice: 13A/2026-2027 15.10.2026

To: Parents / Guardians of P.1–3,

Enhanced School-based Learning Activities Support Program - Interest Classes

The school launches various after-school interest classes for students to enrich their learning experience and foster whole-person development. Through classes, student would be able to make effective use of after-school time to explore and develop their interest outside classroom.

Details of the programs are as follows:

Name of Program	1. IQ Math interest Class (P.1-3) 2. Cantonese I -Elementary (P.1-3)
Date	**2026 (Thursdays)** Nov 5 & 26; Dec 3, 10; **2027 (Thursdays)** Jan 7, 14, 21
Time	3:30 pm – 4:30 pm
Venue	Li Cheng Uk Government Primary School
Remarks	1. The programs will be held in parallel sessions. 2. **No school bus service** after the program.

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

1. **For selection criteria, priority will be given to students of families receiving Comprehensive Social Security Assistance (CSSA) from the Social Welfare Department or Full Grant School Textbook Assistance under the Student Financial Assistance Scheme (SFAS). Proof of evidence will be required when necessary. If the number of applicants who have the same priority exceeds the target enrolment capacity, draw lots will be arranged for the selection process.**
2. No School bus service will be provided after the activity. Please make proper arrangement for your child/ward to go home.
3. If your child/ward take leave on a particular activity date, you must notify the teacher-in-charge through the school handbook in advance.
4. 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.
5. 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.
6. **Students joining the interest class are reminded that full commitment for the entire program session is required.**

Please indicate your wish in the reply slip and it must be returned to your class teacher on or before **21.10.2026 (Wednesday).** A **confirmation notice** will be issued via eClass to successful students in October. Thank you for your attention.

Yu King Tsz

(Mr YU King-tsz)
Headmaster

Reply Slip

Enhanced School-based Learning Activities Support Program - Interest Classes

Notice: 13A/2026-27

Date: _____

To: Headmaster,

I have read the School Notice No. 13A/2026-27 dated 15.10.2026 and I fully understand its content.

I ***agree / do not agree*** my child / ward to participate in **ONE** of the following programs.

☐	(1) IQ Math interest Class (P.1-3)
☐	(2) Cantonese I -Elementary (P.1-3)

*Please indicate your preference for the programs that your child/ward would like to join by putting "**1**" in the ☐ for your **First choice** and

"**2**" in the ☐ for your **Second choice**.

Please put a "✓" in the appropriate box and fill in CSSA reference number.

I am ☐ a recipient of the **Comprehensive Social Security Assistance (CSSA)** from the Social Welfare Department. (CSSA Ref. No. : _____)
(*must fill in)

☐ a recipient of the **Full Grant** School Textbook Assistance.

☐ a recipient of the **Half Grant** School Textbook Assistance.

☐ **NOT** a recipient of the Comprehensive Social Security Assistance (CSSA) from the Social Welfare Department or School Textbook Assistance

*** Please put a tick ☑ in the appropriate box ****

Brothers / Sisters studying at LCUGPS:

1. **Name:** _____ **(Class : _____)**
2. **Name:** _____ **(Class : _____)**
3. **Name:** _____ **(Class : _____)**

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

Parent's / Guardian's Name: _____ Contact Telephone No: _____

Parent's / Guardian's Signature: _____

Remark * Please delete whichever is inapplicable.

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

Notice: 13B/2026-2027 15.10.2026

To: Parents / Guardians of P.4–6,

Enhanced School-based Learning Activities Support Program - Interest Classes

The school launches various after-school interest classes for students to enrich their learning experience and foster whole-person development. Through classes, student would be able to make effective use of after-school time to explore and develop their interest outside classroom.

Details of the programs are as follows:

Name of Program	1. Cantonese II-intermediate (P.4-6) 2. Abacus Mental Math (P.4-6) 3. Scientific Exploration Interest Class (P.4-6)
Date	**2026 (Thursdays)** Nov 5 & 26; Dec 3, 10; **2027 (Thursdays)** Jan 7, 14, 21
Time	3:30 pm – 4:30 pm
Venue	Li Cheng Uk Government Primary School
Remarks	1. The programs will be held in parallel sessions. 2. **No school bus service** after the program.

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

1. **For selection criteria, priority will be given to students of families receiving Comprehensive Social Security Assistance (CSSA) from the Social Welfare Department or Full Grant School Textbook Assistance under the Student Financial Assistance Scheme (SFAS). Proof of evidence will be required when necessary. If the number of applicants who have the same priority exceeds the target enrolment capacity, draw lots will be arranged for the selection process.**
2. No School bus service will be provided after the activity. Please make proper arrangement for your child/ward to go home.
3. If your child/ward take leave on a particular activity date, you must notify the teacher-in-charge through the school handbook in advance.
4. 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.
5. 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.
6. **Students joining the interest class are reminded that full commitment for the entire program session is required.**

Please indicate your wish in the reply slip and it must be returned to your class teacher on or before **21.10.2026 (Wednesday).** A **confirmation notice** will be issued via eClass to successful students in October. Thank you for your attention.

Yu King Tsz

(Mr YU King-tsz)
Headmaster

Reply Slip

Enhanced School-based Learning Activities Support Program - Interest Classes

Notice: 13B/2026-27

Date: _____

To : Headmaster,

I have read the School Notice No. 13B/2026-27 dated 15.10.2026 and I fully understand its content.

I ***agree / do not agree** my child / ward to participate in **ONE** of the following programs.

☐	(1) Cantonese II-intermediate (P.4-6)
☐	(2) Abacus Mental Math (P.4-6)
☐	(3) Scientific Exploration Interest Class (P.4-6)

(*Please indicate your preference for the programs that your child/ward would like to join by putting "**1**" in the ☐ for your **First choice** and

"**2**" in the ☐ for your **Second choice**.

Please put a "✓" in the appropriate box and fill in CSSA reference number.

I am

☐ a recipient of the **Comprehensive Social Security Assistance (CSSA)** from the Social Welfare Department. (CSSA Ref. No. : _____)
(*must fill in)

☐ a recipient of the **Full Grant** School Textbook Assistance.

☐ a recipient of the **Half Grant** School Textbook Assistance.

☐ **NOT** a recipient of the Comprehensive Social Security Assistance (CSSA) from the Social Welfare Department or School Textbook Assistance

*** Please put a tick ☑ in the appropriate box ****

Brothers / Sisters studying at LCUGPS:

1. **Name:** _____ **(Class :** _____ **)**
2. **Name:** _____ **(Class :** _____ **)**
3. **Name:** _____ **(Class :** _____ **)**

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

Parent's / Guardian's Name: _____ Contact Telephone No: _____

Parent's / Guardian's Signature: _____

Remark * Please delete whichever is inapplicable.