



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel : 2386 8049

Fax : 2708 9950

Website : <https://lcu.edu.hk>

Email : lcugps@edb.gov.hk

Special Notice: 192/2023-24

18.6.2024

To Parent/Guardian,

Performance of Martial Arts / African Drum / Duties on Graduation Day

The P.6 Graduation Day will be scheduled on 28th June, 2024. Your child/ward is selected to perform Martial Arts / African Drum / Duties as Cub Scouts/Brownies on that day. The details are as follows:

Date	Day	Arrival Time	Dismissal Time
27/6	Tuesday	8:30 a.m.	12:30 p.m.

Please take note of the following points:

1. Students should wear proper school uniform to school. Cub Scouts or Brownies should wear Cub Scout or Brownies uniforms to school.
2. **Regular school bus service** would be provided on that day.
3. Students should bring sufficient drinking water and some snacks.

For any enquiries, please contact _____ at 2386 8049. Please complete the reply slip and return it to _____ on or before 19.6.2024 (Wednesday). Thank you for your attention.

(Ms CHUI Sau-man)
Headmistress

Reply Slip

Performance of Martial Arts / African Drum / Duties on Graduation Day

Special Notice: 192/2023-24

Date: _____

To: Headmistress,

I have read the Special Notice No. 192/2023-24 dated 18.6.2024 and I fully understand its content.

- I **wish** my child to perform Martial Arts / African Drum / Duties as Cub Scouts/Brownies on Graduation Day
- I **do not wish** my child to perform on Graduation Day.

<p>* <u>Normal Way of going home:</u></p> <p><input type="checkbox"/> Go Home Alone</p> <p><input type="checkbox"/> Parent's Team</p> <p><input type="checkbox"/> School bus No. ()</p>	<p>* <u>Way of going home after the performance:</u></p> <p><input type="checkbox"/> School Bus No. _____</p> <p><input type="checkbox"/> Go Home Alone</p> <hr/> <p><input type="checkbox"/> Go home with his / her siblings (Name: _____ Class: P. 6 _____)</p> <hr/> <p><input type="checkbox"/> Picked up by parent / guardian at LCUGPS Name: _____ Relationship: _____ Contact Phone Number: _____</p>
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Student's name: _____ () Class : P. _____

Parent's/Guardian's Signature: _____

Parent's/Guardian's contact Number: _____

**Please ✓ the appropriate box.*