

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: 200B/2023-24

15.7.2024

To: P.2 Parents/Guardians,

Summer Chinese Bridging Programme 2024: Parent-child activities

In order to enhance the home-school cooperation and the interaction between parents, teachers and students, two activities are going to be held in July. The details are as follows:

Activity 1: Outdoor Visit

Date:	19th July, 2024 (Friday)		
Time:	12:45pm – 3:15pm		
Venue:	Sham Shui Po Public Library and Sham Shui Po Leisure & Cultural Building		
Remarks:	1. Students MUST be accompanied by one parent or one guardian as a family unit.		
	2. Students should wear school PE uniforms and sports shoes.		
	3. In case of adverse weather condition and announcement of school suspension by the EDB, the		
	activity will be cancelled.		
	4. Lots will be drawn if applications received exceed the quota.		

Activity 2: Parent-child Fitness Class

Date:	24 th July, 2024 (Wednesday)		
Time:	1:15pm – 3:15pm		
Venue:	School Activity Centre (5/F)		
Remarks:	 Students MUST be accompanied by one parent or one guardian as a family unit. Students should wear school PE uniforms and sports shoes. 		
	3. Parents are suggested to wear sportwear and sport shoes.		
	4. Lots will be drawn if applications received exceed the quota.		

Please indicate your preference on the reply slip and return it to the class teacher on or before **16.7.2024(Tuesday)**. Should you have any enquiries, please contact Ms Kwok Yan Yi or Ms Kwok Wing Yiu at 2386 8049 during school hours.

Thank you for your attention and co-operation.

(Ms CHUI Sau-man)

Headmistress

Reply Slip

<u>Summer Chinese Bridging Programme 2024 : Parent-child activities</u>

•		Special Noti	ice: 200B/2023-24			
		Da	ite:			
Го: Class	teacher and Headmistress,					
I have	read the Special Notice No. 200B	/2023-24 dated 15.7.2024 and I fu	ally understand its content.			
	I wish to join the Activity ① Ou	ıtdoor Visit.				
	I wish to join the Activity @ Parent-child FitnessClass					
	Name of the Parent :	(Relationship:)			
	Contact No.:					
I do not wish to join any of the above-mentioned activities.						
		,) GI P			
Student's	Name:) Class: P.			
Parent's /	Guardian's Signature:					