



Parent-Teacher Association

Notice: 8/2024-25

15.10.2024

To: Parents / Guardians of P.1 – P.6,

After-school Taekwondo Class (Elementary)

To provide more opportunities for students to engage in various sports, the Parent-Teacher Association is launching the “After-school Taekwondo Class”. Details of the program are as follows:

Program:	After-school Taekwondo Class (Elementary)			
Date:	Year	Month	Date	Day
	2024	Nov	21, 28	Thursday
	2024	Dec	5	Thursday
	2025	Jan	9, 16	Thursday
	2025	Feb	20, 27	Thursday
	2025	Mar	20	Thursday
	2025	Apr	3,10	Thursday
Number of lessons:	10 lessons			
Time:	3:30 pm – 5:00 pm			
Venue:	LCUGPS			
Group size:	P.1-P.6 : 15-20 students			
Course Fee:	\$720 per student for 10 lessons, which include: <ul style="list-style-type: none"> • Basic belt testing fee from White Belt to Yellow Belt • Advanced belt test from Green Belt and above 			
Dobok (uniform for practitioner) Fee:	\$390 for one set of Dobok			
Payment:	<ul style="list-style-type: none"> • Parents must pay the course fee and Dobok fee in the 1st lesson • The total amount is \$1110 • Under no circumstances can the fees be refunded 			
Remarks:	No school bus service is provided after the program			

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

1. If the number of applicants exceeds the target enrollment capacity, drawing of lots will be conducted for the selection process.
2. For any inquiries, please contact Ms WONG Yuen-kwan at **2386 8049**.

Please indicate your wish in the reply slip and return it to your class teacher on or before **18.10.2024 (Friday)**. A confirmation notice will be issued to successful applicants/students on **29.10.2024 (Tuesday)**. Course fee and Dobok fee will be collected by the coach on **21.11.2024 (Thursday)**.

Thank you for your attention.

(Ms CHUI Sau-man)

Headmistress

Reply Slip

After-school Interest Class – Taekwondo Class (Elementary)

Notice: 8/2024-25

Date: _____

To: PTA Chairperson and Headmistress,

I have read the PTA Notice No. 8/2024-25 dated 15.10.2024 and I fully understand its content.

I **would like** my child / ward to join the after-school Taekwondo Class and my child / ward is in good health condition.

I would **not like** my child / ward to join the after-school Taekwondo Class.

My child / ward has a sibling / siblings in LCUGPS.

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

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

Parent's / Guardian's Signature: _____

Remark * Please delete whichever is inapplicable.