



# Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel: 2386 8049

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Fax: 2708 9950

Email: [lcugps@edb.gov.hk](mailto:lcugps@edb.gov.hk)

### Special Notice: 44B/2023-24

9.10.2024

To: P. 4-6 Parents/Guardians of students concerned,

### After-school Learning and Support Program – Mathematics & Language Classes (Confirmation Notice)

With reference to your application on the captioned program stated in School Notice 10B/2024-25, this is to inform you that your child / ward \_\_\_\_\_ of class P. ( ) is successfully enrolled in the following program.

<b>Enrolled*</b>		
<b>Name of Program</b>	<input type="checkbox"/> (1) Abacus Mental Math (P.1-6)	<input type="checkbox"/> (4) Urdu II-Intermediate (P.4-6)
	<input type="checkbox"/> (2) French-Beginner (P.1-6)	<input type="checkbox"/> (5) Cantonese II-Intermediate (P.4-6)
	<input type="checkbox"/> (3) Spanish-Beginner (P.1-6)	
<b>Date</b>	2024 (Thursdays) Oct 24 & 31; Nov 7, 21 & 28; Dec 5;	2024 (Tuesdays) Oct 22 & 29; Nov 5 & 26; Dec 3, 10 & 17;
	2025 (Thursdays) Jan 2, 9, 16 & 23	2025 (Tuesdays) Jan 7, 14 & 21
<b>Time</b>	3:30 pm – 4:30 pm	
<b>Venue</b>	Li Cheng Uk Government Primary School	
<b>Remarks</b>	No school bus service after the program.	

Please return the reply slip to class teachers on or before 14.10.2024 (Monday). For enquiry, please contact Ms Ho Yau-choi at 2386 8049. Thank you for your attention.

\* Remarks:  successfully enrolled

(Ms CHUI Sau-man)  
Headmistress

### Reply Slip

### After-school Learning and Support Program– Mathematics & Language Classes (Confirmation Notice)

Special Notice: 44B/2024-25

Date: \_\_\_\_\_

To: Headmistress,

I have read the Special Notice No. 44B/2024-25 dated 9.10.2024 and I fully understand its content.

<b>* Normal Way of going home:</b> <input type="checkbox"/> Go Home Alone <input type="checkbox"/> Parent's Team <input type="checkbox"/> School bus No. ( )	<b>* Way of going home after the program:</b> <input type="checkbox"/> Go Home Alone.
	<input type="checkbox"/> Go home with his / her siblings. (Name: _____ Class: P.____). (Name: _____ Class: P.____).
	<input type="checkbox"/> Pick up by parent / guardian at LCUGPS. Name: _____ Relationship: _____ Contact Phone Number: _____

Student's name: \_\_\_\_\_ ( ) Class: P. \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Parent's/Guardian's contact Phone Number: \_\_\_\_\_

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