



Li Cheng Uk Government Primary School

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Notice: 14/2024-25

27.11.2024

To: Parents / Guardians,

Parents' Day

You are cordially invited to attend the Parents' Day which will be held on **12.12.2024 (Thursday)** from **8:30 a.m. to 12:30 p.m.** Report cards (P. 1 to P.6) and examination papers (P.1 to P.5) will be distributed on that day, and teachers will discuss with you your child / ward's performance at school. To avoid crowdedness, parents are expected to come to school during the designated time slots stated below.

Event	Meeting with Class Teacher		Chengdu Study Tour Briefing	Book Fair	Health Check Station (1)	Health Check Station (2)	National Education Exhibition
Venue	Respective Classrooms		SAC	Play-ground	Small Play-ground	Room 201-203	
Time slots	Student's Name: _____	8:30 a.m.– 9:00 a.m. 9:00 a.m.– 9:30 a.m. 9:30 a.m.– 10:00 a.m. 10:00 a.m.–10:30 a.m. 10:30 a.m.–11:00 a.m. 11:00 a.m.–11:30 a.m. 11:30 a.m.–12:00 noon 12:00 noon–12:30 p.m.	9:00 a.m. to 10:00 a.m.	8:30 a.m. to 12:30 p.m.			
	Class Number: ()						

Remarks:

- *1. Please indicate on the reply slip if you wish to meet with the Discipline Mistress (Rm 46), SEN Coordinator (Rm 402), Guidance and Counselling Master, the School Social Worker (Room 37) or the Speech Therapist (Room 17).
2. Please fill in the attached survey on "*Student's Behaviour at Home*" and return it to the class teacher by **10.12.2024 (Thursday)**.
3. There will be **NO SCHOOL** for P.1 to P.6 students on 12.12.2024. If students accompany their parents to school, they should put on their proper school uniform.

(Ms CHUI Sau-man)

Headmistress

Reply Slip

Notice: 14/2024-2025

Date: _____

To: Headmistress,

I have read Notice No. 14/2024-2025 dated 27.11.2024 and I fully understand its contents.

1. * I **will** attend the Parents' Day on 12.12.2024 at _____ (time).

I **will not** attend the Parents' Day on 12.12.2024.

I will meet the Class Teacher on _____ (another day) at _____ (time).

2. * I **would** like to meet with # *the Discipline Mistress / Guidance and Counselling Master / School Social Worker / SEN Coordinator* on Parents' Day.

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

Parent's / Guardian's Signature: _____

Remark: * Please ✓ the appropriate boxes.

Delete whichever is not applicable.

Li Cheng Uk Government Primary School

Survey on Student's Behaviour at Home

(To be completed by parents / guardians)

Name of Student: _____ ()

Class : P. _____

Name of Parent / Guardian: _____

Relationship : _____

A. Family Background:

1. Does the child's father live in Hong Kong? Yes / No
2. Does the child's mother live in Hong Kong? Yes / No
3. Does the child have siblings? Yes / No
4. Who looks after the child at home? _____
5. What language(s) does the child speak at home? _____

B. Habits of the Student:

1. How long does your child take to finish his/her homework? About _____ hour(s) _____ minutes.
2. How often does your child read at home? About _____ hour(s) _____ minutes a week.
3. What time does your child go to bed? _____
4. What does your child do at weekends? _____

(Tick the appropriate boxes.)

		Always	Sometimes	Never
5.	Does your child show you his/her homework book every day?			
6.	Does your child need your help with his/her homework?			
7.	Does your child go to the library?			
8.	Does your child share his/ her school life with you?			
9.	Does your child have a balanced diet?			
10.	Does your child have enough sleep every night?			
11.	Does your child read the news (on TV/ online / newspaper)?			
12.	Does your child have private tuition lessons?			
13.	Does your child enjoy going to school?			
14.	Does your child play computers/ online games?			

15. What does your child do during his/ her spare time? *(You may tick more than one)*

<input type="checkbox"/>	watch TV / movies / youtube	<input type="checkbox"/>	do sports / exercises	<input type="checkbox"/>	draw
<input type="checkbox"/>	study / do revision	<input type="checkbox"/>	read books	<input type="checkbox"/>	write
<input type="checkbox"/>	play outdoors	<input type="checkbox"/>	help with housework	<input type="checkbox"/>	surf the internet

Others (Please specify): _____

16. What is your child good at? _____

17. What are your child's interests? _____

18. What are your child's areas for improvement? _____

C. Comments and Suggestions:
