



# Li Cheng Uk Government Primary School

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## Special Notice:70/2024-25

7.11.2024

To: Parents/Guardians,

### After-school Learning & Support Program – Mathematics & Language Classes (Notification of change of date)

Owing to the discretionary holiday after the Green Picnic on 26<sup>th</sup> November,2024(Tuesday), we would like to inform you of the re-schedule of the Language classes on 26.11.2024 (Tuesday).

Please note the followings:

Previous Date:	26/11/2024 (Tuesday)	cancelled
Revised Date:	11/2/2025 (Tuesday)	last lesson
Venue:	Li Cheng Uk Government Primary School	
Time:	3:30 p.m. – 4:30 p.m.	

Should you allow your child to take part in the said sessions, please note the following conditions:

1. No school bus service will be provided after the activity. Please make proper arrangement for your child / ward to go home.
2. If your child / ward takes leave on a particular activity date, you must notify the teacher-in-charge through the school handbook in advance.
3. If your child / ward is absent without reasons or notification in advance, the school has the discretion to stop him / her from joining other after-school activities.

We shall be grateful if you can fill in and return the reply slip to class teachers on or before 11.11.2024 (Monday). Should you have any queries, please feel free to contact Ms. HO Yau-choi at 2386 8049.

Thank you for your attention.

(Ms CHUI Sau-man)  
Headmistress

### Reply Slip

### After-school Learning & Support Program - Mathematics & Language Classes (Notification of change of date)

Special Notice: 70/2024-25

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

To: Headmistress,

I have read the Special Notice No. 70/2024-25 dated 7.11.2024 and I fully understand its content.

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

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

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

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

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