



Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel : 2386 8049

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Website : <https://lcu.edu.hk>

Email : lcugps@edb.gov.hk

Special Notice: 87/2024-25

6.12.2024

Workshop of Wing Chun for Constitution & Basic Law Student Ambassadors

Dear Parent/ Guardian,

Your child / ward _____ () of Class _____ is invited to attend a workshop of Wing Chun. As Wing Chun is one of the most renowned Chinese martial arts, by learning some basic forms of Wing Chun can help your child know more about Chinese culture. Points will be awarded to your child's activity record after the workshop is completed. Please indicate your wish in the reply slip and return it to the class teacher **on or before 9th December (Monday)**. For enquiries, please contact Ms Cheung Sin or Ms Chan Ngan-ming at 2386 8049.

Details of the workshop are as follows:

Date	16 th December 2024 (Monday)
Time:	3:00 p.m. to 5:00 p.m. (Registration starts at 2:45 p.m.)
Venue:	School Hall, Kowloon Bay St. John The Baptist Catholic Primary School, 23 Kai Yip Road, Kowloon Bay, Kwun Tong
Place and Time of Assembly	Set off from school at 2:00 p.m.
Place and Time of Dismissal	6:00 p.m. outside the school main gate

- Notes: 1) Transport will be provided by the school.
 2) Students should wear PE uniform and sports shoes.
 3) Photos or videos taken during the activity may appear on government webpages, including the EDB webpage and may be displayed in the public media.

(Ms CHUI Sau-man)
Headmistress

Reply Slip

Workshop of Wing Chun for Constitution & Basic Law Student Ambassadors

Special Notice No.: 87/2024-25

Date: _____

Dear Headmistress,

I have read the Special Notice No. 87/2024-25 dated 6.12.2024 and I fully understand its content.

- * My child / ward **would like to join** the workshop of Wing Chun.

Way of going home after the event:

- Go home alone Pick up by parents/guardians at LCUGPS

- * My child / ward **would not join** the workshop of Wing Chun.

Student's name : _____

Class : P. _____ ()

Parent's / Guardian's Signature: _____

Emergency Tel. Number: _____

* Remark: Please "✓" the appropriate box