

## Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel: 2386 8049 Fax: 2708 9950

Website: https://lcu.edu.hk Email: lcugps@edb.gov.hk

15.1.2025

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

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

After	<u>-school Learning and Suppo</u>	ort Program – Math	1 & Language Classes (Co	nfirmation Notice)
W	ith reference to your applicati	on on the captioned	program stated in School N	otice 19B/2024-25, this
is to infor	m you that your child / ward		of class P. (	) is successfully
enrolled in	the following program.			
Enrolled*				
Name of Program	☐ (1) Abacus Mental Math (P.1-6)		(4) Urdu II-Intermediate (P.4-6)	
	☐ (1) Abacus Mental Math (P.1-6) ☐ (2) French-Beginner (P.1-6)		☐ (5) Cantonese II-Intermediate (P.4-6)	
	☐ (3) Spanish-Beginner (P.1-6)			
	2025 (Thursdays)		2025 (Tuesdays)	
Date	February 20, 27 March 6, 20, 27		February 25 March 4, 25	
Date	April 10		April 1, 8, 15, 29	
	May 8, 15, 22, 29		May 6, 13, 20	
Time	3:30 pm – 4:30 pm			
Venue	Li Cheng Uk Government Primary School			
Remarks	No school bus service after the program.			
The second of th				
Please return the reply slip to class teachers on or before 20.1.2025 (Monday). For enquiry, please contact Ms Ho at 2386 8049. Thank you for your attention.				
Ms Ho at 2386 8049. Thank you for your attention.  * Remarks: ✓ successfully enrolled				
(Ms CHUI Sau-man)				
Headmistress  Reply Slip				
		Reply Sli	<u>p</u>	
After-school Learning and Support Program – Math & Language Classes (Confirmation Notice)				
			Special Notice:	107B/2024-25
Date:				
To: Headn	The state of the s	No. 107B/2024-25	dated 15.1.2025 and I fully i	understand its content
I have read the Special Notice No. 107B/2024-25 dated 15.1.2025 and I fully understand its content.				
	l Way of going home:	me after the program:		
$\square$ $\square$ $\square$ $\square$	Go Home Alone Go Home Alone.			
P	Parent's Team Go home with his / her siblings.			
	chool bus No. (		Class: P	)
		i e	Class: P	<b>4</b>
Pick up by parent / guardian at LCUGPS.				
Name:				
Relationship:				
		Contact Phone Number:		
Student	's name	(		P
	/Guardian's Signature:		•	-
		ımhor		**************************************
rarent s	/Guardian's contact Phone Nu	1111UCI.		