



Special Notice: 96A/ 2024-25

6.1.2025

To: Parents/Guardians of students concerned,

After-school Learning and Support Program
(Ocean Park Learning Trip for P.1-P.3)

To enable our students to learn more about marine animals, to stimulate their interest in exploring the environment, and to discover the interdependence of nature and humans, a learning trip to Ocean Park will be arranged. Your child/ward has been selected to take part in the following program.

Name of Program	Ocean Park Learning Trip for P.1-P.3	
	Workshops	Day Trip
Date	Pre-activity Workshop: 6/2/2025 (Thursday) Post-activity Workshop: 12/2/2025 (Wednesday)	8/2/2025 (Saturday)
Time	3:30 p.m. – 4:30 p.m.	9:00 a.m. – 5:00 p.m.
Venue	LCUGPS	Ocean Park
Group Size	30 students	
Remarks	1. No school bus service before or after the learning trip. 2. Coach will be provided for students to travel back and forth between LCU and Ocean Park.	

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

1. For selection criteria, priority will be given to students of families receiving **Comprehensive Social Security Assistance (CSSA) from the Social Welfare Department or Full Grant School Textbook Assistance under the Student Financial Assistance Scheme (SFAS)**. Proof of evidence for receiving the CSSA or Full Grant may be required when necessary.
2. Students will be accompanied by their teachers in the learning trip and all necessary precautions will be taken for their safety.

Please indicate your wish in the reply slip and return it to your class teacher on or before 8.1.2025 (Wednesday). For any enquiries, please contact Ms CHAN Yuk-wah or Ms HO Yau-choi at 2386 8049.

Thank you for your attention.

(Ms CHUI Sau-man)
Headmistress

Reply Slip

After-school Learning and Support Program (Ocean Park Learning Trip for P.1-P.3)

Special Notice: 96A/2024-25
Date: _____

To: Headmistress,

I have read the School Notice No. 96A/2024-25 and I fully understand its contents.

- * I agree my child / ward and he / she is in good health to participate in the learning trip.
- I do not agree my child / ward to participate in the learning trip.

* Normal way of going home:	* Way of going home after the workshops:	* Way of going home after the learning trip (Saturday):
<input type="checkbox"/> Parent's Team <input type="checkbox"/> School Bus Team (School Bus No.: _____) <input type="checkbox"/> Go home #alone/with brother(s)/sister(s) Name: _____ Class: P.____ Name: _____ Class: P.____ Name: _____ Class: P.____	<input type="checkbox"/> Parent's Team <input type="checkbox"/> Go home #alone/with brother(s)/sister(s) Name: _____ Class: P.____ Name: _____ Class: P.____ Name: _____ Class: P.____	<input type="checkbox"/> Parent's Team <input type="checkbox"/> Go home #alone/with brother(s)/sister(s) Name: _____ Class: P.____ Name: _____ Class: P.____ Name: _____ Class: P.____

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

Parent's/Guardian's Signature: _____

Parent's/Guardian's contact Phone Number: _____

*Remark: * Please tick the appropriate box.
Please delete as appropriate.*