



2nd Term Learning Support Groups (P.3-P.6)

Dear Parents,

Our school pays attention to the personal growth of students and has organized the following learning support groups to allow students to improve their skills through different learning activities.

| | Class group | Target | Time | Date | Venue |
|--------------------------|---|---------------------|--------------------|---|--|
| <input type="checkbox"/> | "Reading and Writing Fun" Chinese Proficiency Improvement Group (Intermediate Level) | P.3-P.4 Students | 3:30-4:30 | Monday (8 sessions) 2/3,9/3,16/3,23/3 13/4, 4/5,11/5,18/5 | Room 402 |
| <input type="checkbox"/> | "Star of Secondary School" Secondary School Adjustment Group | P.6 Students | 3:30-4:30 | Monday (8 sessions) 2/3,9/3,23/3 13/4, 20/4 4/5,11/5,18/5 | Room 403 |
| <input type="checkbox"/> | Individual Social Skills Training | Students | During class hours | Monday (8 sessions) | Room 301A |
| <input type="checkbox"/> | "Full Speed Ahead Cricket Run" Cricket Experience Group | P.2-P.6 Students | 3:00-4:30 | Wednesday (8 sessions) 4/3, 11/3, 18/3, 25/3 15/4, 6/5, 13/5, 20/5 | 1/F Hall / Maple Street Playground |
| <input type="checkbox"/> | "Forest Breathing" Horticultural Therapy Group | P.4-P.6 Students | 2:30-4:00 | Wednesday (8 sessions) 4/3, 11/3, 18/3, 25/3 15/4, 6/5, 13/5, 20/5 | Room 404 |
| Remarks: | 1. Students must wear proper school uniforms to attend classes. 2. If you cannot attend the above activities as scheduled on that day, please call the school office for leave (Tel: 2381 9504). | | | | |

Please complete and return the reply slip to your child's class teacher on or before 13th January, 2025.

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To: Ms. Cheung Lai Wan
Principal
Shamshuipo Kaifong Welfare Association Primary School

I have been informed of the details of the above classes.

I **agree** for my child to participate in the learning support group and confirm that my child is in good health to participate.

Chinese Proficiency Improvement Group (Intermediate Level) Secondary School Adjustment

Group Cricket Experience Group Horticultural Therapy Group

Individual Social Skills Training

I **do not agree** for my child to participate in this activity.

Class _____ Student name: _____ ()

Signature: _____

Contact no.: _____

Mode of dismissal: Pick up by parents

Go home alone

Date: _____

* tick the appropriate