



EDB Registration No: 579009

Registration 2019/20

Student's Name: _____ (Female/Male)

Name to be used in class: _____ Date of Birth: (dd/mm/yy) ___/___/___

Mailing Address: _____

Mother's Name: _____	Father's Name: _____
Home Phone: _____	Home Phone: _____
Office Phone: _____	Office Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Email: _____	Email: _____

Please tick the class that you would like your child to join:

- | | | | | | |
|-----------|--------------------------|--------|--------------------------|--------|--------------------------|
| Reception | <input type="checkbox"/> | Year 1 | <input type="checkbox"/> | Year 2 | <input type="checkbox"/> |
| Year 3 | <input type="checkbox"/> | Year 4 | <input type="checkbox"/> | Year 5 | <input type="checkbox"/> |
| Year 6 | <input type="checkbox"/> | | | | |

Please return this form to us together with the items requested on the checklist and completed autopay form.

I, _____, have read and agree to Silvermine Bay School Terms and Conditions and Parent /Carer Code of Conduct. I understand that a place is dependent on a satisfactory interview.

Signature of Parent/Guardian: _____

Name of Parent/Guardian in Full: _____

Date: _____

Address: Units A & B, 1/F Silver Centre Building, 10 Mui Wo Ferry Pier Road, Mui Wo, Lantau Island, N.T.

Website: www.silverminebayschool.edu.hk

Email: office@silverminebayschool.edu.hk

Facebook: silverminebayschool

Tel: +852 2984 0006



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Fee Form (2019/2020)

Statement for _____
(Student's Name)

Year: Y

Parent's Name(s): _____

Due:			<u>Paid</u>
Application Fee	\$1,540		<input type="checkbox"/>
<u>Balance to be paid on offer of a place:</u>			
Annual School Package (2019/20)	\$4,240		<input type="checkbox"/>
Reception Initial Months Fee (2019/20)	\$8,003		<input type="checkbox"/>
Reception One-Months Deposit (2019/20)	\$8,003		<input type="checkbox"/>
Year 1-6 Initial Month's Fee (2019/20)	\$8,639		<input type="checkbox"/>
Year 1-6 One-Month's Deposit (2019/20)	\$8,639		<input type="checkbox"/>

- Once an offer of a place is received, please pay the balance by cheque. Cheques should be made payable to 'Lantau Education Ltd'.
- I enclose a cheque (no. _____) for HKD\$ _____ for the above balancedue.

For monthly school fees

- I have completed the auto pay form for HK\$ _____ per month. I understanddeductions will be made the first of each month until 1st June.

- **Signature of Parent/Guardian:** _____
- **Name of Parent/Guardian in Full:** _____
- **Date:** _____

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Registration Checklist – 2019/2020

Student's Name: _____

Please tick off and enclose this checklist (item 1) with items 2-13:

1. This checklist sheet completed and signed
2. Registration form
3. Copy of birth certificate
4. Copy of parent's / guardian's I.D. card
5. 2 photos -- in size 1.5 x 2 inches
6. Copy of Report card from previous school (if applicable)
7. A completed health record form (attached)
8. A completed medical treatment consent form (attached)
9. One completed signed copy of the bank auto pay form
10. A Signed fee form
11. A cheque for the amount due (payable to Lantau Education Ltd)
12. Signed acceptance of Terms and conditions
13. Signed acceptance of Parent/Carer Code of Conduct

Items 1–13 must be handed to the school office before your child's first day of school or on the first day of school.

- **Signature of Parent/Guardian:** _____
- **Name of Parent/Guardian in Full:** _____
- **Date:** _____

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STUDENT HEALTH RECORD

Name of Child: _____

Parent's/Guardian's name to be contacted in case of emergency: _____

Name: _____ Relationship: _____

Mobile: _____ Home Phone: _____

Please circle **Y** if "yes" or **N** if "no."

Explain all "yes" answers in the space provided below. For illnesses/injuries etc., include the years and/or your child's age at the time:

Any health concerns	Y N	Hospitalisation	Y N
Allergies to food or bee stings	Y N	Any broken bones/dislocations	Y N
Allergies to medication	Y N	Any muscle or joint injuries	Y N
Any other allergies	Y N	Any neck or back injuries	Y N
Any daily medications	Y N	Dental braces	Y N
Any problems with vision	Y N	Febrile convulsions	Y N
Uses glasses	Y N	Asthma	Y N
Any problems hearing	Y N	Diabetes	Y N
Any problems with speech	Y N	ADD/ADHD	Y N
Problems running	Y N	Major medical condition	Y N

Please list any **medications** your child will need to take in school:
(Please note, full instructions must be written by a qualified medical practitioner)

--

Please list any **special needs or any development delays** that your child has:

--

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MEDICAL TREATMENT CONSENT AND AUTHORISATION FORM

I, _____

HK IDNo: _____

or Passport Number _____ issued by _____

*parent/guardian of _____ (name of child[ren])

do hereby give consent to staff of **Silvermine Bay School** to give emergency first aid treatment to my above named child(ren) and to seek emergency medical treatment from the Hong Kong Government emergency medical services.

Signed:

(*Parent/Guardian)

Signature of witness: _____

Name of witness: _____

Date: _____

**Delete as appropriate*

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NOTES FOR PARENTS

*Please mention any other information that you feel the school should be aware of:

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