



EDB Registration No: 579009

Registration 2022/2023

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 Year 1 Year 2
Year 3 Year 4 Year 5
Year 6

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

I, _____, have read and agree to Silvermine Bay School Terms and Conditions. I understand that a place is dependent on a satisfactory interview.

Signature of Parent / Guardian: _____

Name of Parent / Guardian: _____

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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**We expect to have a 6% increase of school fees for the 2022/23 school year, but it will be subject to change and be approved by the Education Bureau of Hong Kong.*

Fee Form (2022/2023)

Student's Name: _____

Parent's Name: _____

Paid

Balance to be paid on offer of a place:

Reception One-Month's Deposit (2022/23)	\$8,003	<input type="checkbox"/>
Year 1-6 One-Month's Deposit (2022/23)	\$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 balance due.

For monthly school fees

- I have instructed my bank to automatically deposit HK\$ _____ per month for tuition. I understand that tuition will be automatically paid to "Lantau Education Ltd" by the third of each month from September until June.

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

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Registration Checklist

Student's Name: _____

Please tick off and enclose this checklist (item 1) with items 2-12:

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. A signed fee form
10. A cheque for the amount due (payable to Lantau Education Ltd)
11. Signed acceptance of Terms and Conditions

Items 1–12 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:** _____
- **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)

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

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MEDICAL TREATMENT CONSENT AND AUTHORISATION FORM

I, _____

HKIDNo: _____

or PassportNumber _____ issued by _____

*parent/guardian of _____ (name of child)

do hereby give consent to staff of **Silvermine Bay School** to give emergency first aid treatment to my above named child 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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