



EDB Registration No: 579009

**Registration 2023/2024**

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:** \_\_\_\_\_

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**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](http://www.silverminebayschool.edu.hk)

**Email:** [office@silverminebayschool.edu.hk](mailto: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 2023/24 school year, but it will be subject to change and be approved by the Education Bureau of Hong Kong.*

**Fee Form (2023/2024)**

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Paid

**Balance to be paid on offer of a place:**

Reception One-Month's Deposit (2023/24)	\$8,003	<input type="checkbox"/>
Year 1-6 One-Month's Deposit (2023/24)	\$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 2023/2024

### 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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