



EDB Registration No: 579009

Registration 2024/2025

Student's Name: _____ Nationality: _____ (Female/Male)

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

Mailing Address: _____

Mother's Name: _____

Father's Name: _____

Occupation: _____

Occupation: _____

Office Phone: _____

Office Phone: _____

Home Phone: _____

Home 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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Fee Form (2024/2025)

Student's Name: _____

Parent's Name: _____

Paid

Balance to be paid on offer of a place:

Reception One-Month's Deposit (2024/25) \$8,992 ☐

Year 1-6 One-Month's Deposit (2024/25) \$9,706 ☐

- ☐ Once an offer of a place is received, please pay the balance by cheque or bank transfer. Cheques should be made payable to 'Lantau Education Limited. Bank transfers may be made to:

Beneficiary: Lantau Education Limited
Account No: 741 167308 838
Bank Code & Name: 004 HSBC
Bank Address: 1 Queen's Road Central, Hong Kong
SWIFT Code: HSBCHKHCHK

- ☐ Deposits will be fully returned at the end of your child's learning career with Silvermine Bay School

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 Limited" by the third of each month for 10 months.

- **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 all items:

1. ☐ This checklist sheet completed and signed
2. ☐ Registration form
3. ☐ Signed acceptance of Terms & Conditions
4. ☐ Paid deposit
5. ☐ A signed fee form
6. ☐ A completed medical treatment consent form (attached)
7. ☐ A completed health record form (attached)
8. ☐ Copy of birth certificate
9. ☐ Copy of parent's / guardian's I.D. card
10. ☐ Copy of report card from previous school (if applicable)
11. ☐ Recent digital headshot of your child

All items 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)

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

**Please update us immediately when any new information is revealed. For students who have/or might have special learning needs, we will consider their conditions and our resources to see whether we are able to support this prospective student.*

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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)

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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