



EDB Registration No: 579009

**Registration 2026/2027**

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: \_\_\_\_\_

Nationality: \_\_\_\_\_

Nationality: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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.

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.

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**Email:** [office@silverminebayschool.edu.hk](mailto:office@silverminebayschool.edu.hk)

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### **Fee Form (2026/2027)**

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

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

Paid

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

Reception One-Month's Deposit (2026/27) \$8,992 ☐

Year 1-6 One-Month's Deposit (2026/27) \$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: HSBCHKHHHKH

- ☐ Deposits will be fully returned at the end of your child's learning career with Silvermine Bay School (note: Please read Notice of Withdrawal in Terms and Conditions)

#### **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. ☐ Proof of student's right to study in Hong Kong: Copy of student's Hong Kong I.D. card/dependent visa/student visa\*
10. ☐ Copy of parent's / guardian's I.D. card/valid working visa
11. ☐ Copy of report card from previous school (if applicable)
12. ☐ Recent (within 3 months) 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:** \_\_\_\_\_

\*According to paragraph 6 of Education Bureau Circular No. 16/2025 (Ref.: 1052-2005-8080-9025-00006(P002)), unless clearance is obtained from the Director of Immigration, no child whose travel document/passport bears the endorsement "Visitor" over the immigration stamp or issued with a landing slip imposed with condition of stay "Visitor" upon arrival should be admitted to any school in Hong Kong.

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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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*\*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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