

CHI YUN SCHOOL
Circular for the new academic year 2024-2025

2nd September 2024

Dear Parents / Guardians,

As the new academic year is about to commence, please find the important notes to parents below in this circular:

1. Updates of Student Information

Parents please keep the School notified at once when the student information or mailing address is updated. Parents are advised to carefully read all school notices in the Student Handbook and to sign the reply slips as soon as possible. Please ensure that your child carries the Student Handbook in their school bag at all times.

2. Contact Information of parents

The School highly values its partnership with parents. Any school-related activities and announcements will be communicated through official circulars bearing the school stamp, as well as through the Student Handbook. Additionally, the School will utilize its website to publish and update relevant information. Parents are kindly requested to visit the School's official website if they wish to access any data or details concerning the School. (School website: <http://www.chiyun.edu.hk>)

3. Fees collection

3.1 The School Handbook, one copy including cover: \$ 18. The Handbook for boarding student, one copy including cover: \$ 17.

3.2 Purchasing visual art materials: \$40.

4. Purchasing Summer and Winter Uniform

The School offers a service to facilitate the purchase of sports uniforms for students. If parents wish to procure summer or winter sports uniforms for their child, please complete the reply slip provided. Summer sports uniform: \$65 per piece; Winter sports uniform: \$75 per piece. The pricing is standardized regardless of size.

5. Photography service

The School offers a student photography service for parents. If you wish to have your child's photographs printed, please complete the reply slip provided. The cost for a set of 12 photographs is \$15.

6. Becoming a member of the "Chi Yun School Parent-Teacher Association (PTA)"

PTA aims to build up a better learning environment for our students, by promoting home-school cooperation. Parents can apply to become members of PTA, please fill in the membership information in the attachment and pay the annual membership fee (\$ 50 per year).

7. Guidelines on Prevention of Communicable diseases

The School has much concern to the healthy environment of the campus. Through the implementation of relevant guidelines, not only protecting the health of students and staff, but also reducing the harm caused by the communicable disease. Consequently, a pleasant learning environment will be established to ensure students' healthy development. Please refer to the guidelines issued by the Center of Health Protection at Department of Health (attached Annex I) for details.

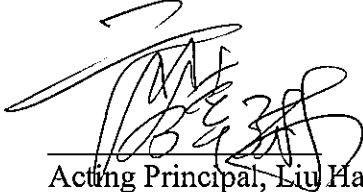
8. Student Health Declaration Form

In order to understand the health conditions of the students, so as to provide better caring, parents

please fill in and return the attached "Student Health Declaration Form".

Thanks for your attention and please return the reply slip by 9th September 2024 for our record.

Yours faithfully,



Acting Principal, Liu Hang Lam
Chi Yun School

✂-----✂

Reply Slip

I am the parent / guardian of _____(Name of Student) of _____(Class), acknowledge the receipt of the circular P001E. Please find the reply below:

1. Updates of Student Information

Yes, Address: _____
Contact number: _____
Others: _____

No

2. Purchasing Summer and Winter Uniform (Sportswear)

Summer: _____ (quantity)
 Winter: _____ (quantity)

3. Photography service: Yes No

4. Physical Examination: Yes No

Parent's / Guardian's Name: _____
Signature: _____
Date: _____

Annex I

The School refers to the "Prevention of Infectious Diseases Guidelines " issued by the Department of Health of HKSAR, parents should take the following precautions for their students:

1. Maintain good personal and environmental hygiene.
2. Keep your hands clean and wash your hands properly.
3. Wash your hands immediately when your hands are contaminated by respiratory secretions (e.g. after sneezing).
4. Cover mouth and nose when sneezing or coughing, and properly remove the secretions.
5. Building up personal immunity by maintaining a balanced diet, exercise regularly, and take adequate rest, which also help building up personal immunity.
6. When influenza is prevalent, avoid going to crowded or poorly ventilated public place.
7. Used toys and furniture should be properly cleaned;
8. Maintain good ventilation; and
9. Put on a surgical mask when having respiratory symptoms, and to seek medical consultation as soon as possible. Also follow doctor's recommendation, to take rest at home and do not return to school.
10. If a student is unwell or needs to be kept in hospital for observation, parents should notify the school immediately.

Chi Yun School Parent-Teacher Association (PTA)
13 Chi Kiang Street, To Kwa Wan, Kolwoon
Tel : 2386 2010 Fax : 2708 9853

Application Form for PTA Membership

Members' Qualifications

Primary Members:

All students' parents or guardians are eligible to apply for a basic membership with the Parent-Teacher Association (PTA). The annual membership fee is HK\$50.

All teaching staff will automatically become our primary members without the need to pay membership fee.

Application Procedures:

Please complete and return this membership application form together with the annual fee to the class teacher who will then submit the form and fees to our Association.

Fee can be paid in cash or cheque. The cheque should be crossed and made payable to "Chi Yun School Parent-Teacher Association".

Members' Application Form

1. Type of Membership *
(* Please mark in the appropriate box)

New Members / Continued Members : (Primary)

Parents/ Guardian's Name: _____ Member's Code Number (if any): _____

New members must complete the following information. Should the continued members have any changes about their data, please kindly fill in the related items as well :

2. Applicant / Member's Data

Name: _____ (Chinese) _____ (English) Sex: _____

Age: _____ Occupation: _____ I.D. Card No.: _____

Address: _____

Residence Tel No.: _____ Mobile No.: _____ Other Contact No.: _____

3. Student's Data

Student's Name: _____ Sex: _____ Age: _____ Class : _____

Date of Birth: _____ Relationship : _____

Applicant's Signature: _____

Date: _____

PTA Use Only

Joining Date: _____

Membership's Code No.: _____

Cash: HK\$ _____ Cheque: HK\$ _____ (Bank/Cheque No.: _____)

Academic Membership Year: _____ Receipt No.: _____

Chairman's / Secretary's Signature: _____

Name : _____

Date: _____

Chi Yun School
20__-20__ Annual Year
Student Personal Health Record Form

1. The purpose of this form is to understand the health status of the students so as to provide appropriate medical and health care services.
2. If student has accident in school, must transfer to medical institution for treatment. The school may provide relevant information to the medical staff so that each student can receive appropriate care. The school will not provide any health information to non-related medical staff, which is not conflict with the "Personal Privacy Ordinance."
3. No faculty has the right to inquire any information on the student health record form unless necessary.
4. Any student who has changed in his or her health condition is welcome to call the Nursing Department to make changes and archives.

Please fill in by parent/guardian

| | | |
|--|--|--|
| A. Student Personal Information | | |
| Name : _____ (Chinese) _____ (English) | Birth certificate/ID number : _____ | |
| Gender : _____ (Year) _____ (Month) _____ (Day) | Date of birth : _____ (Year) _____ (Month) _____ (Day) | |
| Enrollment date : _____ (Year) _____ (Month) _____ (Day) | | |
| Urgent contact person | Name _____ Address _____ Contact number _____ | |
| B. Student health condition | | |
| If student has suffered from the following diseases, please add '✓' in the box | | |
| 1. G6PD Deficiency | 2. Visual impairment | 3. Strabismus |
| 4. Color blindness | 5. Color weakness | 6. Eye scars |
| 7. Hearing impairment | 8. Asthma/respiratory diseases | 9. Other ear, nose and throat diseases |
| 10. Heart disease | 11. Hypertension | 12. Anemia |
| 13. Hemophilia | 14. Digestive system disease | 15. Thyroid disease |
| 16. Lymph gland diseases | 17. Endocrine diseases | 18. Diabetes |
| 19. Encephalitis | 20. Epilepsy | 21. Diseases of the genitourinary system |
| 22. Skin diseases | 23. Joint/skeletal diseases | 24. Mumps |
| 25. Chickenpox | 26. Measles | 27. Tuberculosis |
| 28. Hepatitis | 29. Polio | 30. Typhoid fever |
| 31. Benign tumor | 32. Malignant tumor | 33. Serious injury |
| 34. Others: (please specify) | | |

| | |
|---|--|
| C. Allergy (please indicate each name or type in the following column) | |
| Drug allergy | |
| Food allergy | |
| Special dietary restrictions | |
| Sensitive skin (location) | |
| Other allergic diseases | |

| D. Long-term medication information (Including all chronic patients, psychiatric drugs and drugs taken when needed) | | | |
|--|--------------------------------------|------|---------|
| Medication | Disease/Reason for taking medication | Time | Remarks |
| | | | |
| | | | |
| | | | |

| E. Follow-up consultation or treatment/records of hospital admission or surgery (please attach the year of admission) | | | |
|--|---------------------------|---------------------|--------------|
| Please provide relevant follow-up consultation or discharge documents for the school nurse to review and record | | | |
| Hospital/Clinic name | Department/specialty name | Treatment situation | Remarks/Year |
| | | | |
| | | | |
| | | | |

| F. Must install/wear medical device to school | | | | |
|--|---------------------------|----------------|-----------------|--------------|
| Medical device | Installation/wearing part | Reason for use | Use period/time | Remarks/Year |
| | | | | |
| | | | | |
| | | | | |

Form filled by : _____
 Relationship with students : _____
 Date : _____