

CHI YUN SCHOOL
Circulars for the new academic year 2022-2023

26th August, 2022

Dear Parents/Guardians:

As the beginning of the new school year, please find the notes to parents below in this circular, and read them carefully.

1. Arrangements for non-academic extracurricular activities

Since students who have completed two doses of the vaccine for more than 14 days, they can participate in non-academic activities outside the classroom according to the guidelines announced by the Education Bureau. Non-academic activities held by the school in the afternoon include Physical Education, Music, Multisensory activity, Visual Arts and Library/ Technology etc.

2. Updates of Student Information

Parents should keep the School notified at once when the student information or mailing address is updated. Parents are also requested to read school notices in the Student Handbook and to complete and sign the relevant forms as soon as possible. Parents are reminded to keep the Student Handbook in the school bag and not to lose it.

3. Contact Information of parents

The School values parents' liaison. If there is any activity or news release about the school, the notice will have school stamps and the parents will be notified through the Student Handbook. In addition, news and updates will be published on the School's website. Parents may check these information via our website: www.chiyun.edu.hk.

4. Fees Collection

3.1 The School Handbook, one copy including cover: \$17.8. The Handbook for boarding student, one copy including cover: \$16.8.

3.2 Purchasing visual art materials: \$40.

5. Ordering Service of Summer and Winter Sportswear

The school provides services for students to purchase sportswear. If parents want to buy summer or winter sportswear for students, please fill in the reply slip. The costs of the sportswear costs: summer sportswear \$62/piece, winter sportswear \$72/piece. Uniform costs for all sizes.

6. Student physical examination

All of the school's boarding students, new students, and those applying for temporary school boarding services are required to do physical examination and to provide valid medical certificate.

The validity period will be one year. In the new school year, the nursing department of our School will invite doctor(s) to the school to conduct physical examinations for students in need. The fee is \$130. If parents want to participate in the service, please fill in the reply slip. Parents can also ask the nurse for the required form and bring the student to the clinic or hospital for examination.

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 Centre of Health Protection at Department of Health (attached Annex 1) for details, and parents are recommended to follow.

8. Becoming a member of the “Chi Yun School Parent-Teacher Association (PTA)”

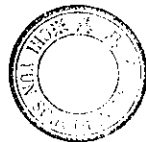
PTA aims to build up a better learning environment for our students, by promoting home-school cooperation. Parents of our students can apply to become members of PTA, please provide contact information by filling up the attachment, and pay an annual membership fee (\$ 50).

9. Student Health Declaration Form

In order to understand the health conditions of the students, so as to provide better caring for them, parents please fill in and return the attached "Student Health Declaration Form".

Thanks for your attention and please return the slip by 9th September 2022 for our record.

Yours faithfully,



Chung Lai Kuen

Principal, Chi Yun School

Reply slip for Circulars for the new academic year 2022-2023

I, the parent/guardian of _____(student's name) of class _____, acknowledge the receipt of the circular regarding **Circulars for the new academic year 2022-2023**.

1. Notification of Change of Correspondence Address and / or Telephone Number:

New Correspondence Address : _____

New contact telephone no. : _____

Others : _____

2. I *want / do not want to buy sportswear :

★ Summer sportswear

Quantity : _____

★ Winter sportswear

Quantity : _____

3. I *want / do not want my child to join the physical examination service.
4. I have acknowledged the measures on the prevention of communicable diseases.
5. I have acknowledged the arrangement regarding the membership of the “Chi Yun School Parent-Teacher Association (PTA)”.
6. I have completed the “Student Health Declaration Form” for my child.

(*Please delete the inappropriate item.)

Parent's/Guardian's Signature: _____

Parent's/Guardian's Name: _____

Date: _____

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 automatically entitled to become our primary members. The annual membership fee is HK\$50.

All teaching staff will also automatically become our primary members, but are not required to pay annual 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: _____

Annex I

The School refers to the "Guidelines on Prevention of Influenza" 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.

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

- The purpose of this form is to understand the health status of the students so as to provide appropriate medical and health care services.
- 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."
- No faculty has the right to inquire any information on the student health record form unless necessary.
- 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)	
Gender : _____ Birth certificate/ID number : _____	
Date of birth : _____ (Year) _____ (Month) _____ (Day)	
Enrollment date : _____ (Year) _____ (Month) _____ (Day)	
Urgent contact person	Name _____ Contact number _____
	Address _____

B. Student health condition	
If student has suffered from the following diseases, please add [✓] in the box	
1. G6PD Deficiency	3. Strabismus
4. Color blindness	6. Eye scars
7. Hearing impairment	9. Other ear, nose and throat diseases
10. Heart disease	12. Anemia
13. Hemophilia	15. Thyroid disease
16. Lymph gland diseases	18. Diabetes
19. Encephalitis	20. Epilepsy
22. Skin diseases	21. Diseases of the genitourinary system
25. Chickenpox	24. Mumps
28. Hepatitis	26. Measles
31. Benign tumor	29. Polio
34. Others: (please specify)	30. Typhoid fever
	33. Serious injury

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 : _____