

**CHI YUN SCHOOL**  
**Circulars for the new academic year 2021-2022**

1st September, 2021

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. 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.

**2. 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](http://www.chiyun.edu.hk).

**3. 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.

**4. 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.

**5. 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 \$120. 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.

**6.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.

**7. 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 will automatically become members of PTA, please provide contact information by filling up the attachment, and pay an annual membership fee (\$ 50).

**8. 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 10<sup>th</sup> September 2021 for our record.

Yours faithfully,



Chung Lai Kuen  
Principal



## Reply slip for Circulars for the new academic year 2021-2022

I, the parent/guardian of \_\_\_\_\_(student's name) of class \_\_\_\_\_, acknowledge the receipt of the circular regarding **Circulars for the new academic year 2021-2022**.

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	2. Visual impairment
4. Color blindness	5. Color weakness
7. Hearing impairment	8. Asthma/respiratory diseases
10. Heart disease	11. Hypertension
13. Hemophilia	14. Digestive system disease
16. Lymph gland diseases	17. Endocrine diseases
19. Encephalitis	20. Epilepsy
22. Skin diseases	23. Joint/skeletal diseases
25. Chickenpox	26. Measles
28. Hepatitis	29. Polio
31. Benign tumor	32. Malignant tumor
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

Form filled by : \_\_\_\_\_  
 Relationship with students : \_\_\_\_\_  
 Date : \_\_\_\_\_