

**CHI YUN SCHOOL**  
**2020-2021**  
**Resumption of half-day face-to-face class arrangements**

14<sup>th</sup> May, 2021

Dear Parents/Guardians :

The Education Bureau (EDB), taking into account the latest developments of the pandemic, advice of health experts and preparedness of schools, has decided that all KGs, primary and secondary schools (including special schools and schools offering a non-local curriculum) as well as private schools offering a non-formal curriculum (commonly known as "tutorial schools") may fully resume face-to-face classes. The classes will be on a half-day basis with effect from May 24 (Monday). School time will be 9:10am-12:15pm, day students will be leaving school at 13:15 pm. As Hong Kong has recently recorded an untraceable local case involving a mutant strain of Covid-19, we would like to remind you to maintain vigilance against respiratory tract infection. We call on your support to step up environmental hygiene in the household, and implement the following measures strictly:

- A. Pay attention to the health condition of your child. He/She should stay away from school and see a doctor immediately if symptom, especially fever, is detected.
- B. Take your child's temperature before he/ she goes to school every day. Fill in the record sheet (Proforma A) and sign your name on it. Your child should return the completed sheet to us daily.
- C. To prevent infection, please ask your child to wear a mask (also applicable when taking school buses, Rehabus or other transportations) to school every day.
- D. If the students has ever travelled outside Hong Kong:
  1. If the students who have stayed in places outside China, need to be compulsory quarantine for 21 days in designated quarantine hotels.
  2. Students in the Mainland and Macau who are eligible for the "Return2 HK" scheme who are exempted from compulsory quarantine after entering Hong Kong. According to the requirements of the program, they must be tested on the 2nd and 12th day of arrival in Hong Kong;
  3. 7 days before going to school:
    - 3.1 Consult a doctor and obtain the doctor's notice, in order to ensure no infection was found on the student:
    - 3.2 No fever, cough, or upper and lower respiratory tract infection symptoms;
    - 3.3 Perform an anterior and lateral chest X-ray;
    - 3.4 Perform CBP / CBC blood test.
  4. The student must possess a negative result of COVID-19 test in Hong Kong; the sample for the test was taken within 48 hours before going to school.
  5. Please fill in the attached "Student Health Declaration Form" (Proforma B).

6. Please return the Proforma on or before the first day of class resumption. For those who have contracted the COVID-19 virus and have recovered, if they are still within the 14-day quarantine period, they must not go to school.

Thank you for your attention. If you have any further enquiries, please feel free to contact class teacher, hostel parents or nurse (Tel: 2386 2010).

Yours faithfully,



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Chung Lai Kuen  
Principal, Chi Yun School



**Chi Yun School****Declaration form for travel history and health status of students**

Name of Student : \_\_\_\_\_ Class : \_\_\_\_\_ Sex: M / F

*Please complete the below form and return to schools (Please put a "✓" in the appropriate box)***Part A – Travel history of your child outside Hong Kong in the past 21 days**

- My child has not been away from Hong Kong in the past 21 days.
- My child has paid visit outside Hong Kong in the past 21 days.
- Duration: From \_\_\_\_ (Month) \_\_\_\_ (Day) (Departure date) To \_\_\_\_ (Month) \_\_\_\_ (Day) (Arrival date)  
Destination (Please specify countries and cities) : \_\_\_\_\_

**Part B – Travel history of those taking care of your child, or those living with your child**

- Person taking care of or living with my child has not away from Hong Kong during past 21 days.
- Person taking care of or living with my child has paid visit outside Hong Kong in the past 21 days.
- Duration: From \_\_\_\_ (Month) \_\_\_\_ (Day) (Departure date) To \_\_\_\_ (Month) \_\_\_\_ (Day) (Arrival date)  
Destination (Please specify countries and cities) : \_\_\_\_\_

**Part C – Current health status of your child**

Please specify below if the student or people with close contact with the student:		
	Student	People with close contact with the student
Fever	No / Yes* _____	No / Yes* _____
Cough	No / Yes* _____	No / Yes* _____
Diarrhea	No / Yes* _____	No / Yes* _____
Shortness of breath	No / Yes* _____	No / Yes* _____
Contact history (contact with patients of confirmed/ probable cases of COVID-19)	No / Yes* _____	No / Yes* _____
Clustering (Multiple relatives and friends in the group having the same symptoms)	No / Yes* _____	No / Yes* _____
Travelling on a cruise	No / Yes* _____	No / Yes* _____

**Part D**

- My residential buildings have / have not\* confirmed cases of COVID-19 in the past 21 days.
- Test record on COVID-19:  
Testing methods: Deep Throat Saliva / Real-time PCR Test / Nasopharyngeal Swab / Throat swabs / Nasal swab\*  
Date of testing: \_\_\_\_\_  
Result on COVID-19 test: negative / positive\*

**Part E**

- Vaccination record for COVID-19  
My child has / has not \*been vaccinated, and has completed the 1<sup>st</sup> / 2<sup>nd</sup> \* dose of vaccine injection.

\* Please circle the applicable.

Name of Parent/Guardian (in Block Letter): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_