

致一至六年級學生家長：

2021 - 2022 學年今天正式開課，茲將有關事項通告如下，敬請留意：

- 一. **上課時間：**(1) 9月1日(星期三)至9月3日(星期五)為開學適應週，上課時間：上午8:25至下午12:30
(2) 9月6日(星期一)起，學生按半天課時間表上課，上課時間：上午8:25至下午12:30
半天課會持續至教育局另行通知，如恢復全日課，上課時間為上午8:25至下午3:30(包括午膳)，屆時將另發通告，敬請家長留意。

上課形式：一至六年級學生回校進行半天面授課，跨境學生可參與網上視像課，課堂內容請詳閱【通告第001/2021號】。

上課出席：由9月1日開始，所有課堂(包括學生回校上面授課及跨境生網上視像課)會如常計算出席率，如學生因病或其他原因未能參與，家長必須按正常程序，致電學校替貴子女辦理請假手續。

上課時間表：各班半天上課時間表將張貼在學生手冊內，跨境學生可於Teams網上課室群組內自行查閱時間表。

- 二. **電子通告：**為了方便家長迅速查閱學校最新消息，保持家校緊密的溝通，本校一直鼓勵家長安裝及使用家長手機應用程式「eClass Parent App」，家長只需以智能電話，使用已開啟的家長戶口登入系統，便可以即時查閱學校通告、校曆表、學生家課表及電子繳費紀錄，詳情請參閱【通告第 004/2021 號】。

- 三. **學生照片：**本年度攝影公司到校拍攝服務將於 9 月 6 日(星期一)進行，請簽閱電子通告，詳情請參閱【通告第 005/2021 號】。跨境學生家長請為貴子女準備學生相片，並透過 Teams 上傳相片交予班主任。

***學生相片要求：**學生需穿著整齊夏季校服進行正面拍攝，相片尺寸為 3.5 厘米(闊) x 5 厘米(高)，背景為藍色。

- 四. **書簿津貼及車船津貼：**凡已向學生資助辦事處申請是項津貼的家長，請於 9 月 7 日或以前將「資助表格證明書」交回學校辦理(請用鉛筆在姓名旁寫上班別，並確定已簽署表格)。從未申請過資助的家庭如想申請本年度的資助，可向民政事務處、區域教育服務處或學生資助辦事處索取表格 A 及有關申請文件，亦可透過學生資助辦事處的網上平台遞交電子表格。如有查詢，可致電學生資助辦事處，電話 8226 7067。

- 五. **學生健康服務及學童牙科保健服務：**如需參加學生健康服務及學童牙科保健服務，請簽閱本電子通告回覆，並填妥申請表暨同意書(附件一)，並於 9 月 7 日或以前交回給班主任辦理。跨境同學可透過 Teams 網上平台下載申請表暨同意書，並用 Teams 的聊天功能交回申請表暨同意書給班主任。

如申請表暨同意書的內容有修改，請家長必須在旁加簽。參加牙科保健者，需繳交港幣三十元正(費用將於學生電子繳費帳戶扣除，付款安排請參閱稍後發出的電子繳費通告)。

- 六. **香港學校朗誦節比賽**：本年度香港學校朗誦節比賽將接受報名，負責老師將於 9 月 10 日或以前派發參賽回條及報名表給獲提名的同學，如有任何疑問，請聯絡余鎧廷老師。
- 七. **學生上體育課及參加體育活動的安排**：為確保學生在上體育課及參加體育活動的安全，請簽閱電子通告內「家長對學生參與體育課及體育活動意向書」，詳情請參閱【通告第 006/2021 號】。
- 八. **肖像權**：讓家長了解學校使用「肖像權」的安排，請簽閱電子通告【通告第 007/2021 號】。
- 九. **有關學生須知及注意事項**：請家長與 貴子女一同詳細閱讀各項須知及注意事項，並簽閱電子通告【通告第 008/2021 號】。

鑑於學校須繼續嚴格執行各項衛生防疫措施，懇請家長時刻提醒子女注意個人衛生，勤洗手及均衡飲食，保持身心健康。學校亦會積極保持校園衛生，希望學生在安全的環境下進行學習。惟鑑於 2019 冠狀病毒病的疫情仍有變化，學校會繼續密切留意有關情況，家長亦須密切注意教育局及學校的最新公佈。

校長 譚鳳婷 謹啟
二零二一年九月一日



有關開學注意事項
(通告第 003/2021 號)
【回 條】

覆齋色園主辦可銘學校譚鳳婷校長：

有關 貴校於 9 月 1 日發出之通告，本人業已知悉。本人決定：

1. 參加學生健康服務 / 不參加學生健康服務
2. 參加學童牙科保健服務 / 不參加學童牙科保健服務

備註：請在適當 加「✓」

_____ 班學生_____ ()

家長簽署：_____

二零二一年九月 _____ 日



Student Particulars

This part must be completed and as appropriate

Name of Child (Please complete the name as printed on Identity Card / Birth Certificate) (Please complete this form in BLOCK letters using ball pen)		Sex	
Surname (English)	Other name (English)	Surname (Chinese)	Other name (Chinese)
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of School		AM <input type="checkbox"/> PM <input type="checkbox"/> Day <input checked="" type="checkbox"/>	Class
HO MING PRIMARY SCHOOL (SPONSORED BY SIK SIK YUEN)			
Please select one of the following documents: Document No.:		Date of Birth	
<input type="checkbox"/> HK Permanent Identity Card <input type="checkbox"/> HK Birth Certificate (with permanent resident status of HKSAR indicated as "ESTABLISHED") <input type="checkbox"/> HKSAR Passport <input type="checkbox"/> HKSAR Re-entry Permit <input type="checkbox"/> HKSAR Document of Identity for Visa Purpose (bearing valid visa endorsement to stay in HK) <input type="checkbox"/> Valid travel document (Passport) with label / stamp showing "right to land" / "right of abode" / "permitted to land" in HK / "previous conditions of stay are hereby cancelled" / "eligibility for HK permanent identity card verified" <input type="checkbox"/> Valid travel document (Passport) with label / stamp showing "unconditional stay" in HK <input type="checkbox"/> Valid travel document (Passport) with label / stamp showing "permitted to remain until (date)" or "permission to remain extended until (date)" in HK provided that the holder is not a visitor and has not overstayed in HK. <input type="checkbox"/> Travel document (e.g. Passport, Two-way Permit) showing the holder's status as "Visitor" / holders of Form of Recognizance (should be charged at "non-eligible person" rate)		Day Month Year _____	
Student who selects the following documents is required to further provide requested information to prove his / her eligibility. Otherwise, he / she would be charged at "non-eligible person" rate <input type="checkbox"/> HK Birth Certificate (with permanent resident status of HKSAR indicated as "NOT ESTABLISHED") <input type="checkbox"/> HK Identity Card <input type="checkbox"/> Other identity documents, please specify _____		Place of Birth	
Student Reference Number		Date of arrival in Hong Kong (Not for child born in Hong Kong)	
(Please refer to the student handbook / school report of last school term) (For P1 student, this number can be found on the P1 Admission Allocation Slip)		Month Year	
School Dental Care Service Number (SDCS No.)		Day-time contact Telephone No. of parent / guardian (Remarks : for phone contact and receiving SMS message)	
(Please refer to SDCS Handbook. Not applicable to new applicant)		_____	
Home Telephone No./other cell phone no.		_____	

Student Medical History Please the relevant boxes if your child has ever suffered from the disease

Your child's medical history will help us to provide the most appropriate care (Submit relevant medical document or other information if available)

<input type="checkbox"/> M1	Congenital Heart Disease	<input type="checkbox"/> M7	Rheumatic Heart Disease	<input type="checkbox"/> M13	Other Heart Diseases *Please specify
<input type="checkbox"/> M2	Haemophilia	<input type="checkbox"/> M9	Hepatitis B	<input type="checkbox"/> M14	Other Blood Diseases *Please specify
<input type="checkbox"/> M4	Tuberculosis	<input type="checkbox"/> M10	HIV / AIDS	<input type="checkbox"/> M15	Other Liver Diseases *Please specify
<input type="checkbox"/> M5	Epilepsy	<input type="checkbox"/> M11	Asthma	<input type="checkbox"/> M16	Other Infectious Diseases *Please specify
<input type="checkbox"/> M6	G6PD Deficiency	<input type="checkbox"/> M12	Diabetes	<input type="checkbox"/> M17	Kidney Disease
<input type="checkbox"/> M8	Thalassaemia	<input type="checkbox"/> M23	ADHD	<input type="checkbox"/> M24	Autistic Spectrum Disorder
<input type="checkbox"/> M18	Hereditary Disorder *Please specify	<input type="checkbox"/> M19	Long Term Medication *Please specify		
<input type="checkbox"/> M20	Operations *Please specify the type and date of operation taken	<input type="checkbox"/> M21	Allergies to Drugs *Please specify		
<input type="checkbox"/> M22	Other Medical Conditions *Please specify				

Consent and Declaration as appropriate This part must be completed and

Student Health Service (SHS) (Please refer to the attached 'Guidelines to Verification of Eligibility' for details)
 I agree to enrol the above named child in the **Student Health Service**. I give consent to and authorise the Director of Health to obtain or disclose all relevant information relating to the child from me, the school the child is attending, the service providers engaged by SHS, Government Departments and Bureaux and relevant parties for the purpose of enrolment and follow-up appointment and establishing the eligibility status of the child for fee-determination purpose. (The SHS is provided free for those students who are "eligible persons". For "non-eligible persons", they have to pay on the appointment day the gazetted annual fee, **the prevailing fee is HK\$535.**)

School Dental Care Service (SDCS) (Please refer to the attached 'Guidelines to Verification of Eligibility' for details)
 I agree to enrol the above named child (Only primary school children under the age of 18 as at 1st September 2021 are eligible to join the SDCS.) in the **School Dental Care Service**. I give consent to dental treatments considered necessary for my child and undertake to co-operate with the staff of the clinic. I also give consent to and authorise the Director of Health to obtain all relevant information relating to the child from me, the school the child is attending, Government Departments and Bureaux for the purpose of enrolment and establishing the eligibility status of my child for fee-determination purpose. (Students joining SDCS are required to submit the form together with HK\$30 to the school. For students who are "non-eligible persons", they have to pay the balance **HK\$695** upon notification by the SDCS.)

Signature of Parent / Guardian _____ (Please use ball pen / ink) Relationship Father
 Mother
 Guardian

Name of Parent / Guardian _____ (IN BLOCK LETTERS) Date _____

Name of Student _____
 Address _____

Name of Student _____
 Address _____

Please tear along this line

