



REGISTRATION CHECKLIST

Forms included in this registration packet:

- | | |
|--|---|
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Directory Information |
| <input type="checkbox"/> Emergency Medical Authorization | <input type="checkbox"/> Parent and Student Pledge |
| <input type="checkbox"/> Student Health History | <input type="checkbox"/> Volunteer Accomplishment Form |
| <input type="checkbox"/> Student Release Form | <input type="checkbox"/> Parent Education Survey/Home Visit Information |
| <input type="checkbox"/> Home Language Survey/Special Accommodations | |
| <input type="checkbox"/> Suspension/Expulsion Disclosure | |

Please return the registration packet in person along with:

- | | |
|--|--|
| <input type="checkbox"/> Student's <u>Original</u> Birth Certificate or Passport | <input type="checkbox"/> Copy of student's last two report cards (if applicable) |
| <input type="checkbox"/> An <u>up-to-date</u> Record of Immunization | <input type="checkbox"/> Parents HKID Cards Copy |
| <input type="checkbox"/> Copy of Special Education Reports (if child has one) | <input type="checkbox"/> HK\$8,000 Non-Refundable One Fee Off |
| <input type="checkbox"/> 4 Passport Photos | |

Note: Copies of the original documents will be made and your originals will be returned immediately.
NO REGISTRATION WILL BE TAKEN BY MAIL.

Additional Information

How did you hear about us?

- Website Search Yellow pages Leaflets in Mailbox
 Word of Mouth Other _____

Recommended By:

Name: _____ Relationship to Student: _____

Organization : _____ Contact Number: _____

REGISTRATION FORM

FOR OFFICE USE ONLY

Date: _____

STRN #: _____

All information on this registration form is confidential. Please type or clearly print using black or blue ink.

Applicant's Name: _____ Gender: Male Female
(Last/Surname) (First/Given) (MII)

Birth Date(DD/MM/YYYY): ____/____/____ Grade applying for: 1 2 3 4 5 6

Nationality: _____

Pasport Number: _____ Visa Satus (if applicable): _____

Address: _____
(Street & Flat, Block Number, Building Mae) (City)

Phone: _____
(Home) (Work) (Mobile)

Fax: _____ Parent Email: _____

Parent/Guardian Information

STUDENT LIVES WITH: PARENTS MOTHER FATHER OTHER (Specify) _____

WHO HAS LEGAL CUSTODY? PARENTS MOTHER FATHER OTHER (Specify) _____

Father's Name: _____ Employer: _____ Daytime Phone: _____

Mother's Name: _____ Employer: _____ Daytime Phone: _____

Emergency Contact Person (other than parent): _____ Daytime Phone: _____

Is the parent or guardian a government employee? YES NO

I/We, the undersigned, hereby certify that, to the best of my/our knowledge, the answers to the foregoing questions and statements made by me/us in this application are complete and accurate. I/We understand that any false information, omissions, or misrepresentations of facts may result in rejection of registration or future dismissal of the applicant.

Signature of Parent or Guardian (1)

Date

Signature of Parent or Guardian (2) (Optional)

Date

Rosebud admits students without regard to race, color, religion, sex, national and ethnic origin, or the presence of a medical condition or disability.

STUDENT HEALTH HISTORY

Student Name: _____ **Birth Date:** ____/____/____
 (Surname, First/Given Middle)

The following information may be helpful in assessing a child's health. If you do not wish to complete the entire form, you may wish to speak personally with one of our administrators. Has this child ever had any of the following? If "Yes" please give age at the time.

MEDICAL CONDITION	YES/NO	AGE	MEDICAL CONDITION	YES/NO	AGE
Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO		High Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Arthritis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Kidney Disorders/ Infection	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Migraines	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Attention Deficit/Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO		Mumps	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bleeding Disorders	<input type="checkbox"/> YES <input type="checkbox"/> NO		Osgood Schlatter's	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Birth Trauma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Cerebral Palsy	<input type="checkbox"/> YES <input type="checkbox"/> NO		Rheumatic Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chicken Pox	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scarlet Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Cystic Fibrosis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scarletina	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Developmental Delays	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scoliosis/Curvature of Spine	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO		Seasonal Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Epilepsy/Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO		Sickle Cell Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ear Infections	<input type="checkbox"/> YES <input type="checkbox"/> NO		Strep Throat	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Frequent Colds	<input type="checkbox"/> YES <input type="checkbox"/> NO		Tonsillitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hearing Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Vision Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart Disease/ Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other (_____)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please explain any "YES" answers (attach any applicable document):

• Is your child under a doctor's care for a health condition? YES NO

Medication _____

• Does your child have any health conditions that prevent participation in PE or other activities? YES NO

Explanation _____

• Has your child ever had a serious injury, illness, or surgery? YES NO

• Does your child wear contact lenses? YES NO

• Does your child wear glasses? YES NO

• Does your child routinely take over-the-counter or prescription medication? YES NO

• Will your child need to take medication* during school hours? YES NO

* Students who are required to take any prescription medication during school hours must have on file with the school administration, a consent and request for medication during the school day form signed by the child's doctor and parent or guardian. NO over-the-counter medication will be given to students. Parents MUST come to the school and administer over-the-counter medication.

Name of Parent/Guardian

Signature

Date

STUDENT RELEASE FORM

If you plan to have someone other than yourself pick up your child or in case of emergency, please fill out this form. ONLY PEOPLE NAMED ON THIS FORM WILL BE ALLOWED TO PICK UP YOUR CHILD. PLEASE MAKE SURE THAT THEY ARE AWARE THAT THEY MIGHT NEED TO SHOW PROPER IDENTIFICATION TO THE PERSON ON DUTY AND/OR TO THE RECEPTIONIST.

Name of student: _____
(Surname)
(First/Given)
(Middle)

NAME OF PICK UP PERSON	PHONE NUMBER ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER ()
Special Pickup Days or Instructions:	
NAME OF PICK UP PERSON	PHONE NUMBER ()
Special Pickup Days or Instructions:	

By filling out this form, you authorize Rosebud Primary School to release your child to one of the above named persons. If you have any questions, please feel free to call the office at 2406 7300.

Name of Parent/Guardian

Signature

Date

SUSPENSION/EXPULSION DISCLOSURE

Student Name: _____ **Birth Date:** ____/____/____
(Surname, First/Given Middle)

1. Has the student ever been suspended? YES NO
2. Has the student ever been expelled from school? YES NO
3. Is there any pending expulsion hearing or school administrative action involving the student? YES NO

If you answered "yes" to any of the questions above, please provide the details below.

Date:		School:		City:		District	
<input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion							
Reason:							
Date:		School:		City:		District	
<input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion							
Reason:							
Date:		School:		City:		District	
<input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion							
Reason:							
Date:		School:		City:		District	
<input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion							
Reason:							

THE INFORMATION I HAVE SUPPLIED ON THIS PAGE IS CORRECT AND COMPLETE.

 Name of Parent/Guardian

 Signature

 Date

NOTICE FOR DIRECTORY/MEDIA INFORMATION

The Rosebud Primary School may disclose appropriately designated "directory information" without written consent, unless you have advised the school to the contrary in accordance with school procedures. The main purpose of directory information is to allow Rosebud Primary School to include this type of information from your child's education records in certain school publications.

Examples include:

- a playbill, showing your student's role in a drama production
- the annual yearbook and/or video yearbook
- honor roll or other recognition lists
- graduation programs
- sports activity sheet
- school's website

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks.

- Rosebud Primary School may use my student's name, photography, school work or video image in school publications, video presentations or on the Web site.
- Rosebud Primary School may release information concerning school clubs, activities or sports my student participates in.
- Rosebud Primary School may release information concerning my student's perspective graduation date, degrees received, awards or honors presented or dates of attendance.
- Rosebud Primary School may supervise the news media in the photography, filming, or interviewing of my child for the purpose of news articles, television news or radio programs.
- Rosebud Primary School may request information from the most recent educational agency or institution attended.

As a parent of the student in this registration package, I do understand and agree above statement.

Name of Student

Parent Signature

Date

PARENT EDUCATION LEVEL

Father	Mother
Name: _____	Name: _____
Education Level:	Education Level:
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> University	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> University
<input type="checkbox"/> Master/PhD	<input type="checkbox"/> Master/PhD
Company: _____	Company: _____
Position: _____	Position: _____
Contact: _____	Contact: _____
e-mail: _____	e-mail: _____

HOME VISITS and COLLEGE PREPARATION VISITS

Another aspect of our school that sets us apart is our Home Visit and Secondary School Preparation Visit program. Our teachers enjoy the chance to meet with the whole family. We believe it brings school and family closer together with the common goal of better preparing the student for their future endeavors. Please indicate below the best time of day for this unique opportunity.

Days: _____

Time Frame: _____

Name of Parent

Signature

Date

Parent Involvement Policy

Rosebud Primary School relies on and appreciates parent volunteerism. Parents may be asked to volunteer for some of the school activities. If you wish to volunteer at the school during school hours, you may need to submit to a background check in accordance with law. (This information may be shared with another parent.)

Name of Parent: _____ Phone: _____

Name of Student: _____ Email: _____

SCHOOL-WIDE NEEDS

(Please indicate where you have experience or desire to help)

OFFICE ADMINISTRATION:

- Computers and Internet _____
- Public Relations _____
- Research Projects _____
- Clerical/Secretarial Help _____
- Mailings _____
- Phone Calls _____

LIBRARY:

- Shelving, Processing _____
- Displays _____
- Reading Programs _____
- Book Drive _____
- Book Sale/Exchange _____

GENERAL SUPPORT

- Tutoring or Mentoring (which subject or field?) _____
- Publicity and Recruiting _____
- Class Project Assistant _____
- Classroom/Office Set-up _____
- After-school Activities (which sports or clubs) _____
- Fundraising _____
- School Set-up (in August) _____
- Lunchroom Help (please indicate days of the week) _____
- Substitute Teaching (need at least two years of college and be willing to submit to a background check; previous experience preferred) _____
- PTO (Parent teacher Organization) Leadership _____
- Chaperoning (activities or field trips) _____
- Others (Specify) _____

PLEASE INDICATE TIMES YOU ARE AVAILABLE: Daytime Evenings Weekends

I AM WILLING TO SUBMIT TO A BACKGROUND CHECK TO BE ABLE TO VOLUNTEER DURING SCHOOL HOURS

PARENT–STUDENT–SCHOOL COMPACT

Essential Responsibilities of Members of Our School Community

SCHOOL RESPONSIBILITIES

Rosebud Primary School will:

- ❖ Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables all students to meet Hong Kong Curriculum Standards in all content areas through aligned curriculum and rigorous assessment.
- ❖ Provide a variety of support programs to enhance instruction at all grade levels.
- ❖ Hold parent-teacher conferences at least two times per year and provide unlimited Student Information System access.
- ❖ Provide parents reasonable access to the staff by appointment through the office.

PARENT/GUARDIAN RESPONSIBILITIES

I want my student to achieve success at Rosebud Primary School (RBPS); therefore, I will:

- ❖ Take a positive and active role in supporting my student's education.
- ❖ Ensure that my student follows the school attendance policy and dress codes.
- ❖ Allow my student to attend remedial and other programs offered if requested by the school as is needed for individual improvement.
- ❖ Volunteer at Rosebud when requested.
- ❖ Set up a secondary schools bound environment at home and support my student through the secondary school admission and scholarship finding process.
- ❖ Make certain my student attends school regularly and on time.
- ❖ Set aside a specific time and place for my student to do homework.
- ❖ Support my student in completing homework, including, if necessary, limiting time watching television, computer gaming, and recreational internet use.
- ❖ Communicate regularly with my student's teachers to ensure his/her academic success (includes attending at least two conferences in a school year).
- ❖ Review information and work sent home and/or posted on-line for parents and students via the school website and the online Student Information System (RosebudSIS), and respond as necessary (computer access is available for parents in the school computer lab if needed).
- ❖ Review report cards that are sent in the middle and at the end of semesters, and respond as necessary.
- ❖ Encourage positive attitudes toward school.

- ❖ Talk with my student about what he/she is learning.
- ❖ Expect and encourage my student to be focused on learning.
- ❖ Expect and support my student to strive consistently to give his/her best, and to make his/her best academic progress.

STUDENT RESPONSIBILITIES

I want to be successful as a student at Rosebud Primary School (RBPS); therefore, I will:

- ❖ Do my homework every day and ask for help when needed.
- ❖ Attend school every day and arrive on time.
- ❖ Be prepared for all my classes with all required materials.
- ❖ Strive consistently to give my best, and to make my best academic progress.
- ❖ Complete class work and homework on time.
- ❖ Act responsibly and respectfully at all times and towards all members of the school community.
- ❖ Follow all school rules.
- ❖ Follow the school’s dress code.
- ❖ Respect my property, that of others, and that of the school.

**We have received a copy of the Parent and Student Policy Handbook
OR
We can access the Parent and Student Policy Handbook at the Rosebud Primary School website.**

Signatures below indicate that we have read, understood and agreed to this compact:

Student Signature: _____ **Date:** ___/___/___

Parent/Guardian Signature: _____ **Date:** ___/___/___

School Director Signature: _____ **Date:** ___/___/___