REGISTRATION CHECKLIST

Forms included in this registration packet:

- Registration Form
- Emergency Medical Authorization
- Student Health History
- Student Release Form
- Home Language Survey/Special Accommodations
- Suspension/Expulsion Disclosure
- Directory Information
- Parent and Student Pledge
- Volunteer Accomplishment Form
- Parent Education Survey/Home Visit Information

Please return the registration packet in person along with:

- Student's Original Birth Certificate or Passport
- An up-to-date Record of Immunization
- Copy of Special Education Reports (if child has one)
- 4 Passport Photos
- Copy of student's last two report cards (if applicable)
- HK$2,500 Non-Refundable Registration Fee
- HK$3,500 Non-refundable First Month School Fee

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 ____________________________

- Recomended 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)  (M/L)

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

Nationality: ________________________________

Passport Number: ___________________________  Visa Status (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.
**EMERGENCY MEDICAL AUTHORIZATION**

**Student Name:**

(Surname, First/Given Middle)

**Birth Date:** __/__/____

**Emergency Contact Person(s):**

<table>
<thead>
<tr>
<th>Contact (1):</th>
<th>Phone #:</th>
<th>Relation:</th>
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</thead>
<tbody>
<tr>
<td>(Name)</td>
<td></td>
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</table>

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<thead>
<tr>
<th>Contact (2):</th>
<th>Phone #:</th>
<th>Relation:</th>
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<tbody>
<tr>
<td>(Name)</td>
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</table>

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<tr>
<th>Contact (3):</th>
<th>Phone #:</th>
<th>Relation:</th>
</tr>
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<tbody>
<tr>
<td>(Name)</td>
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</tbody>
</table>

**PART 1 OR PART 2 MUST BE COMPLETED**

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**Part 1 (To grant consent)**

**Purpose:** To enable parents to authorize the emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

In the event all reasonable attempts to contact me at the numbers listed above, I hereby give my consent for;

1. The administration of any treatment deemed necessary by the doctor or dentist listed below.
2. If the designated preferred practitioner is not available, by another licensed physician or dentist and
3. The transfer of the child to the preferred hospital listed below, or any hospital reasonably accessible.

**Doctor:**

Phone #: __________

**Dentist:**

Phone #: __________

**Local Hospital:**

Phone #: __________

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before the surgery is performed.

**The child’s medical history:** including allergies, medications and any physical condition to which a physician should be alerted:

________________________

________________________

________________________

Name of Parent/Guardian Signature Date

---

**Part 2 (Refusal of Consent)**

I DO NOT GIVE MY CONSENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

________________________

________________________

________________________

Name of Parent/Guardian Signature Date
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.

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

<table>
<thead>
<tr>
<th>NAME OF PICK UP PERSON</th>
<th>PHONE NUMBER</th>
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Special Pickup Days or Instructions:

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<th>NAME OF PICK UP PERSON</th>
<th>PHONE NUMBER</th>
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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
HOME LANGUAGE SURVEY

Rosebud Primary School has an interdisciplinary language development program for English Language Learners. The information you provide in this survey will help us in determining whether your child needs extra support in English Language Learning or not.

Student Name: _________________________ Birth Date: ___ / ___ / ______

(Surname/Given/Middle)

Is the student a Hong Kong Citizen/Resident?    YES  NO

What language:
- did the student first learn?    ENGLISH  CHINESE  OTHER
- does the student speak most often?  ENGLISH  CHINESE  OTHER
- is most often spoken at home?    ENGLISH  CHINESE  OTHER
- would you like the school to communicate with you in?  ENGLISH  CHINESE  OTHER

Name of Parent/Guardian ______________________ Signature ___________________ Date ______

Special Accommodations(Special Education Needs)

Rosebud Primary School wants to provide students with every chance possible to succeed, but we need help in doing this. Indicate what type of special needs your student has so we can try to make the necessary accommodations. Please note that these services are not guaranteed and will be performed at our best capability.

Need for plan:
☐ Medical/Physical Disability  ☐ Learning Disability  ☐ Behavioral  ☐ Autism  ☐ Other __________________________

Waivers:
☐ Though my child has previously had a special educational plan, I do not wish him/her to use that program any longer.
☐ Though my child has been previously recommended for a special educational plan, I do not wish to have him/her tested or enrolled in a program.

Name of Student __________________________ Parent 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.

<table>
<thead>
<tr>
<th>Date:</th>
<th>School:</th>
<th>City:</th>
<th>District</th>
<th>Reason:</th>
<th>☐ Suspension ☐ Expulsion</th>
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<th>Reason:</th>
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</table>

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**

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
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<tbody>
<tr>
<td>Name: ___________________________</td>
<td>Name: ___________________________</td>
</tr>
<tr>
<td>Education Level:</td>
<td>Education Level:</td>
</tr>
<tr>
<td>☐ Primary ☐ Secondary ☐ University</td>
<td>☐ Primary ☐ Secondary ☐ University</td>
</tr>
<tr>
<td>☐ Master/PhD</td>
<td>☐ Master/PhD</td>
</tr>
<tr>
<td>Company: _________________________</td>
<td>Company: _________________________</td>
</tr>
<tr>
<td>Position: ________________________</td>
<td>Position: ________________________</td>
</tr>
<tr>
<td>Contact: _________________________</td>
<td>Contact: _________________________</td>
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<tr>
<td>e-mail: _________________________</td>
<td>e-mail: _________________________</td>
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</tbody>
</table>

**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:__/__/______