



聖士提反書院
ST STEPHEN'S COLLEGE

4th January, 2020

Dear Parents / Guardians,

Application for S1 – S6 Regular Boarding Placement for 2020 – 2021

This is to inform you that we are now receiving applications for S1 – S6 regular boarding placement. If your child wishes to board in the dormitory for the whole academic year in 2020 – 2021, please download the application form together with **direct debit authorization form for boarding fee payment & medical examination record**, and return the completed documents to the General Office by **1st June, 2020**.

If the number of applicants exceeds the number of boarding places available, priority will be given to those who live further away from the College. Successful applicants will be informed by **3rd July, 2020**.

Thank you for your attention.

Yours sincerely,

Carol Yang

Principal

P.S. A kind reminder that the direct debit authorization form must be submitted even if your child was a boarder previously.

Ref. No. 19/20– 296/CCL/YCC





ST STEPHEN'S COLLEGE
聖士提反書院

Boarders Personal Particulars (宿生個人資料) 2020 - 2021

Name of student 學生姓名: _____ Form 來年級別: _____
(English) (Chinese)

Sex 性別: _____ Admission No. 入學編號 (For S.2 and above 只供中二及以上年級): _____

Residential address 住址: _____

*delete wherever inappropriate *請刪去不適用者	Father / Guardian* 父親 / 監護人*	Mother / Guardian* 母親/監護人*	Student 學生
Name 姓名			
Mobile Phone 手提電話			
Home Tel. 住宅電話			
Office Tel. 公司電話			
Email address 電郵地址			

Previous Boarder YES YEAR NO
是否曾在本校寄宿: 是 年份 _____ 否

I hereby consent to let my child go swimming on his / her own YES NO
or with his / her schoolmates at the school swimming pool with the 是 否
school's permission.

本人同意敝子弟在校方准許下獨自或與同學前往本校之游泳池游泳。

*Lifeguards are stationed at the school swimming pool.

*本校泳池駐有救生員

I consent to (1) all College's regulations stated on 'Payment of Boarding Fees for 2020-2021'

本人同意 (1) 2020 - 2021 宿生收費章程內各項細則

Date 日期

Signature of father / mother / guardian *
父親 / 母親 / 監護人* 簽署

(*Please delete the inappropriate 請刪去不適用者)

For Office Use Only :

Old boarder

New boarder

Date Effective: _____ Ward No.: _____

Dormitory: _____ Table No.: _____

Room / Bed No.: _____ Accepted by: _____

Dormitory Warden

Approved by: _____

Deputy Warden

Noted by:

Cashier: _____ Accountant: _____

Amount paid: _____ Bursar: _____

Date paid: _____

ST. STEPHEN'S COLLEGE

Boarding Student Medical Examination Record

Name (Chinese) : _____ (English) : _____
 中文姓名 英文姓名

Sex : M / F Date of Birth : _____ Admission No. : _____ Class : _____
 性別 出生日期 入學編號 班別

	Name 姓名	Contact ☎ 聯絡電話
Name of Parents / Guardian : 父母或監護人姓名	(1)	
	(2)	
Person for Emergency Contact : (Except Parents & Guardian) 緊急事故聯絡人姓名 (父母或監護人以外)	(1)	
	(2)	

Medical Examination Report

Height 體高 _____ cm (厘米)	Weight 體重 _____ kg (千克)
Blood pressure 血壓 _____ / _____	Pulse 脈搏 _____ / min. 每分鐘
Vision 視力 Normal 正常 <input type="checkbox"/>	* Abnormal 不正常 <input type="checkbox"/> _____
Eye disease 眼疾 Nil 無 <input type="checkbox"/>	* Yes 有 <input type="checkbox"/> _____
Hearing 聽力 Normal 正常 <input type="checkbox"/>	* Abnormal 不正常 <input type="checkbox"/> _____
Ear disease 耳疾 Nil 無 <input type="checkbox"/>	* Yes 有 <input type="checkbox"/> _____
Nose disease 鼻疾 Nil 無 <input type="checkbox"/>	* Yes 有 <input type="checkbox"/> _____
Tonsils 扁桃腺 Normal 正常 <input type="checkbox"/>	* Abnormal 不正常 <input type="checkbox"/> _____
Respiration 呼吸 Normal 正常 <input type="checkbox"/>	* Abnormal 不正常 <input type="checkbox"/> _____
Lung disease 肺病 Nil 無 <input type="checkbox"/>	* Yes 有 <input type="checkbox"/> _____
Heart disease 心臟病 Normal 正常 <input type="checkbox"/>	* Abnormal 不正常 <input type="checkbox"/> _____
Skin disease 皮膚病 Nil 無 <input type="checkbox"/>	* Yes 有 <input type="checkbox"/> _____
Reflex 神經反射 Normal 正常 <input type="checkbox"/>	* Abnormal 不正常 <input type="checkbox"/> _____

* Please specify

Remarks (備註) : _____

Medication List (For chronic illnesses) 藥物名單

Name of Drug and Dosage 藥物名稱及劑量	Commenced on 開始日期	Stopped on 停止日期

MEDICAL HISTORY 病 歷

Please mark '✓' in the appropriate box and specify details where appropriate.

如有以下情況，請在適當格內註明 '✓' 記號及列出詳情。

Details of Disease 疾病資料

- | | | | |
|--------------------------|---------------------|---------------|-------|
| <input type="checkbox"/> | G6PD deficiency | 六磷酸葡萄糖去氫醇素缺乏症 | _____ |
| <input type="checkbox"/> | Bronchial asthma | 哮喘 | _____ |
| <input type="checkbox"/> | Epilepsy | 癲癇 | _____ |
| <input type="checkbox"/> | Fits due to fever | 高熱引致抽搐 | _____ |
| <input type="checkbox"/> | Kidney disease | 腎病 | _____ |
| <input type="checkbox"/> | Heart disease | 心臟病 | _____ |
| <input type="checkbox"/> | Diabetes mellitus | 糖尿病 | _____ |
| <input type="checkbox"/> | Hearing defect | 聽覺不健全 | _____ |
| <input type="checkbox"/> | Haemophilia | 血友病 | _____ |
| <input type="checkbox"/> | Anaemia | 貧血 | _____ |
| <input type="checkbox"/> | Other blood disease | 其他血病 | _____ |
| <input type="checkbox"/> | Allergy to drugs | 藥物敏感 | _____ |
| <input type="checkbox"/> | Allergy to vaccines | 疫苗敏感 | _____ |
| <input type="checkbox"/> | Allergy to food | 食物敏感 | _____ |
| <input type="checkbox"/> | Other allergies | 其他敏感 | _____ |
| <input type="checkbox"/> | Measles | 麻疹 | _____ |
| <input type="checkbox"/> | Mumps | 腮腺炎 | _____ |
| <input type="checkbox"/> | Rubella | 德國麻疹 | _____ |
| <input type="checkbox"/> | Viral hepatitis | 病毒性肝炎 | _____ |
| <input type="checkbox"/> | Chickenpox | 水痘 | _____ |
| <input type="checkbox"/> | Whooping cough | 百日咳 | _____ |
| <input type="checkbox"/> | Tuberculosis | 肺結核 | _____ |
| <input type="checkbox"/> | Minor operation | 小手術 | _____ |
| <input type="checkbox"/> | Major operation | 大手術 | _____ |
| <input type="checkbox"/> | Others | 其他 | _____ |

Name of Clinic : _____ 

診所名稱

Address : _____

地址

Signature of Doctor : _____

醫生簽署

Date : _____

日期

Chop of Clinic : _____

診所印章

Name of Doctor : _____

醫生姓名

Direct Debit Authorization 直接付款授權書

[Boarding Fees]

〔宿費〕

Date 日期 : _____

Name of party to be Credited (The Beneficiary) 收款之一方(受益人)	Bank No.銀行編號	Branch No.分行編號	Account No. to be credited 收款賬戶之號碼
St. Stephen's College	0 0 4	0 0 2	2 4 5 6 7 8 0 0 1

1. I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. 本人〈等〉現授權本人〈等〉的上述銀行，〈根據受益人或其往來銀行及 / 或代理行不時給予本人〈等〉銀行的指示〉自本人〈等〉的戶口內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定的限額。
2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 本人〈等〉同意本人〈等〉的銀行毋須證實該等轉賬通知是否已交予本人〈等〉。
3. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 如因該等轉賬而令本人〈等〉的戶口出現透支〈或令現時的透支增加〉，本人〈等〉願共同及個別承擔全部責任。
4. I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice. 本人〈等〉同意如本人〈等〉的戶口並無足夠款項支付該等授權轉賬，本人〈等〉的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。
5. I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my/our Bank shall be given at least one month prior to the date on which such cancellation/variation is to take effect. 本人〈等〉同意，本人〈等〉取消或更改本授權書的任何通知，須於取消 / 更改生效日最少一個月之前交予本人〈等〉的銀行。
6. This authorization shall have effect until further notice. 本授權書將繼續生效直至另行通知為止。

PLEASE COMPLETE IN BLOCK LETTERS 請用正楷填寫
(This form will not be accepted if it contains any erasure or amendment 本表格如有任何塗改，概不受理)

My/Our Bank Name and Branch 本人〈等〉之銀行及分行名稱	Bank No.銀行編號	Branch No.分行編號	My/Our Account No.本人〈等〉之賬戶號碼
My / Our Name(s) as recorded on Statement / Passbook 本人〈等〉在月結單/存摺上所記錄之名稱			Contact Tel No. 聯絡電話號碼
^Limit for Each * Payment/Month 每次/月付款之限額	My / Our Address as recorded on Statement / Passbook 本人〈等〉在月結單/存摺上所記錄之地址		
\$20,000			
Name of Debtor (Student) (if other than Account Holder) 債務人(學生)之姓名 (若非賬戶持有人)		^ My/Our Signature 本人〈等〉之簽名	
^ Debtor's Reference (Filled in by the College) 債務人之參考(此欄由校方填寫)			
For Bank Use Only 銀行	Remarks		Signature Verified

* Please delete whichever is not appropriate. 請刪去不適用者。

^ NOTES 附註 :

1. If the amount of your payments is likely to vary each time, set the **Limit for Each payment** at the maximum amount you would expect to pay at any one time. 如 台端付款之數額每次可能不同，則請將最高者定為每次付款之最高限額。
2. The above signature(s) should **correspond with specimen signature(s) of your bank account**. 以上簽名必須與閣下之銀行賬戶簽名相符。
3. In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited e.g. Student No. etc. (This field to be completed by the College) 在債務人之參考欄內，請將 貴戶受款一方之關係，略以說明，例如學生編號等。(此欄由學校填寫)
4. Please return or mail the completed form to General Office, St. Stephen's College, 22 Tung Tau Wan Road, Stanley, Hong Kong. 請將已填妥的表格交回或寄回香港赤柱東頭灣道22號 聖士提反書院校務處。

Effective 01 / 2019