

Student Health ServiceSchool Information

Name of School : _____

Full Address : _____

School Start Time : _____ School End Time : _____ Lunch Hour : _____

Name of Contact Person : _____ Contact Tel. No. : _____ Fax No. : _____

School I.D. :

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- A school calendar is enclosed for your information.
- N.B. (a) Please avoid fixing appointments for students on the following dates :

- (b) _____
- (b) The special school holidays, special school days (such as half-day classes), and summer class schedules not listed in the school calendar are as follows:

Special School : _____
Holidays _____Special School : _____
Days (such as half-day classes) _____Date of Summer : _____
Class _____School End Time : _____
of Summer Class _____Signature of
Headmaster / Headmistress : _____Date : _____ Name of
Headmaster / Headmistress : _____

* Please return the school calendar along with this appendix to the designated centre by 30 September 2025.

** If there are any modifications to the school calendar, please notify the designated centre as soon as possible.