



Chiu Sheung School, Hong Kong
79B Pok Fu Lam Road, Hong Kong
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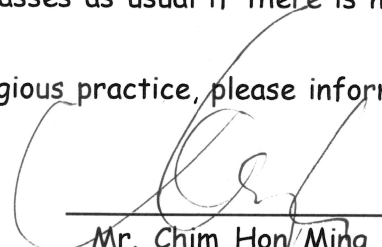
1st September, 2023

Dear Parents/Guardians,

Notice on Student's Health Status and Religious Practice 2023-2024 No. 022B
(To: All Students)

In order to have more details concerning the health status and the religious practice of your child, parents need to read the following thoroughly and return the slip to the class teacher on or before 5/9 for records.

1. If your child is unable to attend P.E. lessons and Sports activities for a period of time because of health reasons, please notify the school authority and apply for exemption with a doctor's certificate.
2. If there are any changes in your child's health condition, please notify the school authority in writing with a letter signed by the parent/guardian. If parents are not sure whether your child is suitable to attend the lessons or not, please ask the doctor for advice.
3. P.E. teachers have the right to ask students to attend classes as usual if there is no written application for exemption.
4. If your child has any food or medical allergy and any religious practice, please inform the class teacher so we can take note on that.


Mr. Chim Hon/Ming
Principal, CSSHK

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To: CSSHK

Class No: ()

Reply Slip for Notice on Student's Health Status and Religious Practice 2023-2024 No. 022B

I acknowledge receipt of the above notice and hereby certify that my child is

- ☐ in normal health condition and is suitable for having P.E. lessons and Sports Activities.
- ☐ suffering from _____ and although he/she is allowed to attend P.E. lessons and Sports Activities, vigorous exercises should be avoided.
- ☐ suffering from _____. He / She is not allowed to attend P.E. lessons and Sports Activities under doctor's advice. Copy of doctor's certificate is attached. (Exemption Date: _____)
- ☐ Others medical history : _____
- ☐ My child does not have to observe special or precautions on food /medical allergy and religious practice.
- ☐ Please take note of the following guidelines and precautions concerning my child
 - ☐ on food/medical allergy: _____
 - ☐ on religious practice: _____

Name of student: _____

Class: _____

Name of parent: _____

Signature: _____

Please "✓" the right box.

05.09.2023 Tam