



Chiu Sheung School, Hong Kong
79B Pok Fu Lam Road, Hong Kong
Tel : 2546-1644 Fax : 2517-2483
Website : www.csshk.edu.hk



1st September, 2023


Dear Parents/Guardians,

Notice on Payment of "Student Health Service/ School Dental Care Service" 2023-2024 No.e 023B
(To: All Students)

The "Student Health and Dental Care Service" has started accepting applications. Please visit the webpage of the "Health Programmes at Student Health Service Centre" (www.studenthealth.gov.hk) and "School Dental Care Service" (www.school dental.gov.hk) for the service content. If parents are interested in applying, please read the table below carefully.

Student Health Service (SHS)	<ul style="list-style-type: none">● Students joining the service should put a "✓" in the "Student Health Service" column on the consent form.● The SHS is provided free to those students who are "eligible persons".● For "non-eligible persons", they have to pay on the appointment day the gazetted annual fee, the prevailing fee is HK\$615. (Please refer to the 'Guidelines to Verification of Eligibility' for details.)● Students may have to provide relevant identification documents on the day of check-up.
School Dental Care Service (SDCS)	<ul style="list-style-type: none">● Students joining the service should put a "✓" in the column of "School Dental Care Service" on the consent form.● For eligible students, <u>the fee is HK\$36</u>. Please settle the payment by eClass payment system (Alipay) or by cheque before 8th September. (P.1 students and new students can settle the payment by cheque or by cash.)● For students who are "non-eligible persons", will have to pay the balance of HK\$799 upon notification by the SDCS.
Students participating in the above service(s) are required to provide a copy of their identification documents for verification.	

Please return the reply slip to the class teacher by 4th September.


Mr. Chim Hon Ming
Principal, CSSHK

To: CSSHK

Class No:()

Reply Slip for Notice on Payment of "Student Health Service/ School Dental Care Service"
2023-2024 No.e 023B

I acknowledge receipt of the above notice.

1. Student Health Service (SHS)

- ☐ I agree my child to participate in Student Health Service (SHS).
☐ I do not agree my child to participate in Student Health Service (SHS).

2. School Dental Care Service (SDCS)

- ☐ I agree my child to participate in School Dental Care Service (SDCS) and will
☐ settle the payment (HKD\$36) by eClass payment system (Alipay).
☐ settle the payment by cheque (payable to "The IMC of Chiu Sheung School, Hong Kong").
☐ settle the payment by cash. (For P.1 students and new students only)
☐ I do not agree my child to participate in School Dental Care Service (SDCS).

Name of Student:_____

Class:_____

Name of parent:_____

Signature:_____

*Please tick the appropriate box.

04.09.2023 Yee