



Letter to Parents No. 5 – 2021/22

Dear Parents/ Guardians,

2021/22 October Notice (2)

To have a better understanding of our school's measures and facilitate home-school co-operation, parents please read the following circulars in detail:

- a. ePayment: Collection of SBM Fund and ECA Fee
- b. Consent to Participation in School Drug Testing Scheme under Healthy School Programme (S1 Students Only)

The reply slip should be duly completed through eClass on or before 25.10.2021 (Monday).



Yours faithfully,

IU Kok-Kin
Principal

The notice will be uploaded to our school website for your reference.

12.10.2021

a. ePayment: Collection of SBM Fund and ECA Fee

(1) Item

Form	Item	Total Amount (HK\$)
S1 to S3	School-based Management Fund (SBM Fund) \$250	250
S4 to S6	School-based Management Fund (SBM Fund) \$250 Extra-curricular Activity Fee (ECA Fee) \$148	398

SBM Fund is mainly used in school special project development and school facility improvement. In recent years, our school has been using this fund in perfecting our electronic services, including the Award and Punishment Record on eClass and SMS messages to parents. It also benefits our students by purchasing school supplies.

To avoid administrative delay, parents must pay the exact amount for the transactions.

(2) Payment Method

Parents should pay the fee by Method 1 OR Method 2.

(Method 1) ePayment: AlipayHK

Parents please download eClass Parent App and AlipayHK in advance.

The school has uploaded the teaching video of ePayment on the school website:

Useful Links-> ePayment Guide (<https://www.youtube.com/watch?v=RxFt8T4FofI>)

The school will issue an eClass Payment Notice within the day for parents to make the payment.

(Method 2) Bank Transfer

Parents can choose to pay by bank transfer. The information is as follows:

Account Name: Yuen Long Public Secondary School- SBM Fund

Bank Name: HSBC

A/C No.: 533-583-530-001

Parents are requested to download and print out the "Bank Transfer Record Sheet" in Attachment 1 by themselves, and bring the record sheet to the bank for payment. After completing the bank payment, parents should fill in the bank transfer record sheet and attach the receipt, and then the student should hand it to the class teacher.

✧ **For cross-boundary students, please pay the fee by Method 1 or Method 2. If you pay by Method 2, which is bank transfer, please ask your relatives or friends to submit Attachment 1 "Bank Transfer Record Sheet" to Mr. PUN in Staff Room B OR Ms. CHAN in the Assistant Principal Room.**

Parents should complete the payment on or before 25.10.2021 (Monday).

(3) Application for Refund on SBM Fund

(All applicants must pay the exact full fee first before applying.)

If parents need to apply for exemption of the above fees due to financial difficulties, they should still pay the fees first and then hand in the application for fee refund to the Principal. Approved applications will be refunded by the school afterwards.

Parents in need can download and print the Attachment 2 "Application Form for Refund on SBM Fund", together with supporting documents, and submit it to the General Office on or before 25.10.2021 (Monday).

Should you have any queries, please contact Ms. PANG Lai-mui, Eva at 2476 2357.

b. Consent to Participation in School Drug Testing Scheme under Healthy School Programme (S1 Students Only)

Through students' participation in diversified personal growth activities and voluntary school drug testing, Healthy School Programme aims at enhancing the physical and mental health and well-being of students, and fostering their resolution to refuse drugs.

Attachment 3 "Consent to Participation" should be duly completed and returned to Class Teacher. Should you have any queries, please contact Ms. CHING Ka-ying at 2476 2357.



Letter to Parents No.5 – 2021/22
Reply Slip

To the Principal of Yuen Long Public Secondary School,

i) I, the parent of _____ (Class: _____)(Class No.: _____), acknowledge the receipt of the following circulars:

- a. ePayment: Collection of SBM Fund and ECA Fee
- b. Consent to Participation in School Drug Testing Scheme under Healthy School Programme (S1 Students Only)

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

_____.10.2021

Yuen Long Public Secondary School

元朗公立中學

2021/22

Bank Transfer Record Sheet 銀行轉賬記錄表

Account Name 賬戶名稱：Yuen Long Public Secondary School- SBM Fund

Bank Name 銀行名稱：HSBC 匯豐銀行

A/C No.賬號：533-583-530-001

Payment Details 付款詳情

Level 班級	S1 中一	S2 中二	S3 中三	S4 中四	S5 中五	S6 中六
Amount 款項	\$250	\$250	\$250	\$398	\$398	\$398

Please complete the following details. 請填妥以下資料。

Name of Student 學生姓名：_____

Class (Class No.) 班級 (學號)：_____ ()

Please stick the receipt of Bank Transfer here.

請把銀行轉賬收據貼在這裡。

Please submit the form to Class Teacher on or before 25.10.2021 (Monday).

請於 10 月 25 日 (星期一) 或之前交予班主任。

Yuen Long Public Secondary School
Application Form for Refund on SBM Fund

To the Principal,

I, the parent of _____ (Name of Student) from _____, _____ (Class, Class No.) would like to apply for the refund on SBM Fund in school year 2021/22. The amount of refund is \$_____.

Reason: _____

Supplementary document is attached.

Signature of Parent: _____

Name of Parent: _____

Date: _____

Parents are requested to pay the above fees first. If the application is successful, the relevant fees will be issued in the form of a cheque. Please provide cheque information:

English Name of Payee	
Mailing Address	
Email Address	
Contact Number	

Please submit the form and supporting document(s) to General Office on or before 25.10.2021 (Monday).

(To be completed by the Principal)

The application of refund is **Approved / Rejected**.

Signature of the Principal: _____

Date: _____

(To be completed by General Office)

Approved Refund of SBM Fund

Name of Cheque Payee	
Cheque No.	
Amount	
Name of Receiver	
Signature of Receiver	
Date of receipt	

The originals of the above documents will be kept by the school, and a copy will be copied to the receiver.

CONSENT TO PARTICIPATION
Participation in School Drug Testing Scheme (Scheme)

School Year 2020-2023

To: Principal, Yuen Long Public Secondary School

We, the undersigned student (the student) and parent/guardian, acknowledge receipt of a copy of the Protocol of the Scheme. We have read and understood the Protocol and the contents of this consent form.

Drug Testing

We hereby consent and undertake to provide a hair specimen of the student to be collected and tested for the presence of illicit drugs, if so requested under the Scheme for the school year *2020-2023*.

Support Programme

We hereby consent and undertake to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself/herself to the support programme.

Collection, Use and Release of Personal Data

We understand that our personal data (including drug testing results of the student) will be collected by and/or released to the following concerned parties mentioned in Chapter 3 of the Protocol on a confidential and need-to-know basis and only for the purposes of the Scheme –

1. relevant staff of the designated Non-governmental Organisation, the School Drug Testing team, and the staff of the relevant Counselling Centre for Psychotropic Substance Abusers which will render follow-up service to the student upon any positive test result or upon self-referral;
2. the school social worker(s) of Yuen Long Public Secondary School ;
3. the school principal or any school staff designated to act on his behalf, the class teacher of the student, and any other teacher if so suggested by the student of Yuen Long Public Secondary School;
4. the school project assistant;

5. the student's parents/guardians; and
6. relevant staff[#] of Yuen Long Public Secondary School assigned by the school principal to facilitate selected students' attendance to the specimen collection site for drug testing and other necessary clerical work for the Scheme.

[#] *These staff will not be informed of the drug testing results of the student.*

We understand we may request access to and correction of our personal data under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong), and that any such request to you may be made at the address and telephone number provided in the note below.

We also understand that (a) we may withdraw the above consent and undertaking at any time by written notice to you, and (b) the parent/guardian will be informed if the student gives a notice of withdrawal, refuses to provide a specimen of hair for drug test under the Scheme, or otherwise refuses to continue participation in the Scheme.

We hereby agree to give the above consent and undertaking to participate in the Scheme on a voluntary basis.

We do not wish to participate in the Scheme.

{Please select and tick ONE of the two boxes above.}

Parent's/Guardian's* Name (Block Capitals)	Signature	Date
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Student's Name (Block Capitals)	Signature	Date
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Class and Class No.

Contact telephone number of Parent/Guardian*: _____

**Delete as appropriate*

For the purposes of the Scheme, I consent to my drug testing results being disclosed to my parents/guardians, and this consent has been read over to me by you on 15.10.2021 (Friday).

Student's Name (Block Capitals)

Signature

Date

Notes:

1. Exclusion – students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.

2. Contact information of Mr. IU Kok-Kin is

[School address: 22 Town Park Road South, Yuen Long, NT; Telephone number: 2476 2357].



家長通函第 5 號 – 2021/22

敬啟者：

2021/22 學年十月份學校安排須知 (二)

為讓家長更了解學校各項措施及促進家校合作，請家長詳閱下列通告：

- 一、 電子繳費：收取學校管理新措施認可費用及課外活動費
- 二、 「健康校園計劃」校園測檢參與同意書（中一級學生適用）

請家長於 2021 年 10 月 25 日（星期一）或之前經 eClass 填妥「家長綜合回條」。

此致

各位家長／監護人



元朗公立中學校長
余國健謹啟

上述通告將上載至本校網頁，歡迎家長瀏覽。

2021 年 10 月 12 日

一、電子繳費：收取學校管理新措施認可費用及課外活動費

(1) 繳費項目

級別	項目	費用 (HK\$)
中一至中三	學校管理新措施認可費用 \$ 250	250
中四至中六	學校管理新措施認可費用 \$250 課外活動費 \$148	398

學校管理新措施認可費用主要用在發展學校特殊項目及改善學校設施。近年本校以此費用提升電子服務，例如 eClass 的獎懲記錄、發給家長的電話短訊；此外，添置了學校用品，惠及學生。

為免造成行政延誤，各家長必須繳交準確銀碼。

(2) 繳費方法

請家長以方法一 或 方法二繳交費用。

(方法一) 電子繳費：支付寶香港 AlipayHK

請家長預先下載 eClass Parent App 及支付寶香港 AlipayHK。

本校已上載電子繳費教學說明於學校網站：

常用連結 -> 電子繳費教學 (<https://www.youtube.com/watch?v=RxFt8T4Fofl>)

校方將於日內發出 eClass 繳費通告，請家長密切留意。

(方法二) 銀行轉賬

家長可選擇到銀行轉賬交費。資料如下：

賬戶名稱：Yuen Long Public Secondary School- SBM Fund

銀行名稱：匯豐銀行

賬號：533-583-530-001

請家長自行下載及列印附件一「銀行轉賬記錄表」，帶同記錄表到銀行交費。完成繳費後，請填妥銀行轉賬記錄表並貼上入數紙，然後由學生交予班主任。

✧ 跨境生請以方法一或方法二繳費。如採用方法二，即以銀行轉賬繳費，請委託親友把附件一「銀行轉賬記錄表」交予教員室 B 室潘先生 或 副校長室陳小姐。

家長請於 10 月 25 日（星期一）或之前完成交費事宜。

(3) 申請豁免「學校管理新措施認可費用」

(所有申請者必須先行繳交此費用，然後再作申請。)

如家長因經濟困難需要申請豁免以上費用，請先繳費，由校長審批申請，成功獲批，校方將安排退款。

有需要的家長請下載及列印附件二「豁免『學校管理新措施認可費用』申請表格」，連同證明文件，於10月25日(星期一)或之前交到校務處。

如有疑問，請致電24762357向彭麗梅老師查詢。

二、「健康校園計劃」校園測檢參與同意書(中一級學生適用)

透過多元化個人成長活動及學生自願參與的校園測檢兩大元素，健康校園計劃可以促進學生身心健康發展，鞏固他們遠離毒品的決心。

請家長填妥附件三。如有查詢，請致電2476 2357聯絡程嘉瑩老師。



家長通函第 5 號 – 2021/22

家長綜合回條

敬覆者：

甲部、 本人為_____（_____班）（_____號）之家長，已知悉下列通告詳情：

- 一、 電子繳費：收取學校管理新措施認可費用及課外活動費
- 二、 「健康校園計劃」校園測檢參與同意書（中一級學生適用）

此覆

元朗公立中學校長

家長／監護人簽署：_____

家長／監護人姓名：_____

2021 年 10 月 日

Yuen Long Public Secondary School

元朗公立中學

2021/22

Bank Transfer Record Sheet 銀行轉賬記錄表

Account Name 賬戶名稱：Yuen Long Public Secondary School- SBM Fund

Bank Name 銀行名稱：HSBC 匯豐銀行

A/C No.賬號：533-583-530-001

Payment Details 付款詳情

Level 班級	S1 中一	S2 中二	S3 中三	S4 中四	S5 中五	S6 中六
Amount 款項	\$250	\$250	\$250	\$398	\$398	\$398

Please complete the following details. 請填妥以下資料。

Name of Student 學生姓名：_____

Class (Class No.) 班級 (學號)：_____ ()

Please stick the receipt of Bank Transfer here.

請把銀行轉賬收據貼在這裡。

Please submit the form to Class Teacher on or before 25.10.2021 (Monday).

請於 10 月 25 日 (星期一) 或之前交予班主任。

元朗公立中學
豁免「學校管理新措施認可費用」申請表格

校長先生：

本人為 _____（班別）_____（學號）_____（學生姓名）之家長，現致函向校長申請豁免繳交本學年的「學校管理新措施認可費用」，金額為 _____。原因如下：

隨函附上證明文件。

家長簽署：_____

家長姓名：_____

日期：_____

請家長先行繳交以上費用。若成功獲批，有關費用將以支票形式發放。請提供支票資料：

收款人英文全名	
郵寄地址	
電郵地址	
電話號碼	

請於 **10 月 25 日（星期一）** 或之前把表格及證明文件交予校務處職員。

（以下部分由校長填寫）

以上申請 **獲得批准** / **不獲批准**。

校長簽署：_____

日期：_____

(以下部分由校務處填寫)

獲批退款發還

支票收款人	
支票號碼	
金額	
簽收人姓名	
簽收人簽名	
簽收日期	

以上文件正本將由校方存檔，副本則交予簽收人。

參與同意書
參加校園測檢（下稱“測檢”）

2020-2023 學年

致：元朗公立中學余國健校長

我們為下方簽署學生（下稱“學生”）及家長／監護人，知悉校方已把「校園測檢計劃」的守則上載學校內聯網。我們已經閱讀並明白守則和本同意書的內容。

測檢

我們現同意並承諾，在 **2020-2023** 學年內，就本計劃提出的要求，提供學生的頭髮樣本，以供收集和測試是否含有違禁藥物。

支援計劃

我們現同意並承諾，如上述測檢結果呈陽性反應，或在學生自行轉介的情況下，參加本計劃下設立的支援計劃。

收集、使用和披露個人資料

我們明白，我們的個人資料（包括學生的測檢結果），會以保密形式及只在必須知悉的情況下，並只為測檢的目的，由守則第 3 章所述下列相關人士收集及／或向下列相關人士披露：

1. 指定非政府機構的有關工作人員，校外專責隊伍，以及獲指派處理測試結果呈陽性或自行轉介學生的相關濫用精神藥物者輔導中心的工作人員；
2. 元朗公立中學的學校社工；
3. 元朗公立中學的相關教職員，即校長或任何代表校長行事的指定教職員、學生的班主任和學生建議的其他老師；
4. 學校計劃助理；
5. 學生的家長／監護人；以及
6. 由元朗公立中學校長指派的有關工作人員[#]，協助帶領被抽中的學生前往測檢地點及處理與本計劃相關的文書工作。

[#]有關工作人員將不會獲知學生的測檢結果。

我們明白，我們可根據《個人資料（私隱）條例》（香港法例第 486 章）要求查閱和更正個人資料。有關要求可按下文備註所載地址和電話號碼，以郵寄方式或致電向你提出。

我們也明白－

(a) 我們可隨時以書面通知你，撤回上述同意和承諾，以及

(b) 如學生通知撤回同意，拒絕提供頭髮樣本作測試，或以其他方式拒絕繼續參加本計劃，家長／監護人會獲通知。

我們現確認給予上述同意並承諾自願參加本計劃。

我們不擬參加本計劃。

{請選擇其中一項，並在方格內加上✓號}

家長／監護人姓名 (請用正楷書寫)	簽署	日期
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學生姓名 (請用正楷書寫)	簽署	日期
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班別及學號

家長／監護人 *聯絡電話號碼: _____

* 請刪去不適用者

就本計劃的目的，我同意將我的測檢結果披露予我的家長／監護人。此同意聲明，已於二零二一年十月十五日由校長向我宣讀。

學生姓名 (請用正楷書寫)	簽署	日期
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備註:

1. 豁除 — 現正受法律監管，例如受感化令、社會服務令、監管令或緩刑監管的學生，不得參加本計劃。
2. 余國健校長的聯絡資料

[地址：元朗公園南路二十二號，聯絡電話：2476 2357]