### 元朗東莞同鄉會王少強夫人幼稚園 2019 冠狀病毒病 學生復課安排

#### 各位高班家長:

- 1. 教育局於本月 5 日宣布全港學校分階段、有秩序地逐步復課,原則上實施半日上課。本校的復課安排如下:
  - 高班 6 月 15 日復課,上午班及下午班半日上課,全日班上午 9 時至 12 時
- 2. 在停課期間,學校已全面清潔校舍並消毒,並已促請全校教職員、校車司機及保姆加強衞生防疫措施,確保個人及學校環境衞生。此外,學校也要求所有服務學生的員工(包括校車及保姆車司機,以及隨車人員)每天回校前量度體溫。任何教職員如有發燒,均不可回校。
- 3. 學校會盡力保持校園衛生及保障學生的健康,希望在復課後,學生能在安全的環境下,逐漸回復正常的校園學習生活。惟鑑於 2019 冠狀病毒病的疫情仍可能有變化,學校會繼續密切留意有關情況,家長亦需密切注意教育局及學校的最新公布。
- 4. 要讓學生在清潔和安全的環境下學習,家長及同學們的合作至為重要。我們懇請 家長除了加強家居衞生外,還嚴格落實下列措施:
  - 4.1 留意子女的健康狀況,如出現病徵,尤其發燒,切勿上學,並立即求醫;
  - 4.2 每天上課前為子女量度體溫,並每天填寫由本校提供的「量度體溫記錄表」簽 署後由學生帶回學校;
  - 4.3 為防感染,請促請學生每天上學時包括乘坐校車、保姆車或其他交通工具必須 載上口罩,並帶備紙巾。
  - 4.4 為提高教師對學生健康情況的警覺性,請家長填寫「學生外遊及健康狀況申報 表」,提供以下四項資料:
    - (a) 14 天內的學生外遊紀錄;
    - (b) 學生是否曾經確診;
    - (c) 照顧學生、或與學生同住的人士的健康情況;
    - (d) 學生的健康狀況。

家長簽署後請交回學校。曾染病並已痊癒的學生,如仍在強制隔離的 14 天內, 切勿回校上課。

- 4.5 復課後,家長一經證實以下情況,請即時致電 24458553 通知本校,以便校方採 取應變措施及通知教育局:
  - (a) 學生證實染上 2019 冠狀病毒病
  - (b) 學生被衞生署界定為 2019 冠狀病毒病確診個案的「密切接觸者」
- 5. 希望在各方努力下,我們早日走出疫情陰霾,師生及家長都儘快回復正常健康的 生活!
- 6. 6月份茶點費為\$65(可到校務處繳交現金)

校長 鄭家鳳 啟

## 元朗東莞同鄉會王少強夫人幼稚園

#### 2019 冠狀病毒病 學生外遊及健康狀況申報表

學生姓名:	班別:	性別: <u>男</u> _	<u>/女</u>
請填妥下列表格交回學校	交(在適當方格上加上「 <sup>、</sup>	✓」號)。	
甲部 —14 天內的學生外	、遊紀錄		
□本人子女在復課前1	4天內沒有離開香港		
□本人子女在復課前1	4 天曾到訪香港境外的國	家/地區	
離港時期:由2020 -	年月日(離港 E	月期)至月	日(抵港日期)
外遊地點(請列明國	家及城市):		
乙部 — 學生是否曾經码	<u>在診</u>		
本人子女沒有證實患	.上「2019 冠狀病毒病」。		
□本人子女曾證實患上	.「2019 冠狀病毒病」,並	已痊癒。	
留院日期:由月	]月至月	目	
丙部 — 照顧學生、或身	<b>奥學生同住的人士的健康</b>	<u>情况</u>	
□照顧本人子女、或與	其同住的人士均沒有證實	【患上「2019 冠狀病	毒病」。
	其同住的人士中,有證實 台療 (請刪去不適用者)。		毒病」,現已經痊癒/仍留院
該患者和本人子女的	關係:		
──照顧本人子女、或與 「密切接觸者」。	其同住的人士中,並沒有	<b>百被衞生署界定為 20</b>	019 冠狀病毒病確診個案的
丁部 — 學生的健康狀治	<u>L</u>		
本人子女沒有咳嗽、	氣促、呼吸困難或咽喉痛	<b>育等徵狀</b> 。	
	家長/監	[護人簽署 :	
	家長/監護人姓名	。 3(正楷) :	

註:「密切接觸者」一般指曾經照顧患者、與患者共同居住或曾經接觸過患者的呼吸道分泌物和體液的人士。

## YUEN LONG TUNG KOON DISTRICT ASSOCIATION MRS.WONG SIU KEUNG KINDERGARTEN

No:200602 15<sup>th</sup> June, 2020

Dear Parents,

#### Resumption of K3 classes

The Education Bureau (EDB) announced that school in Hong Kong can resume classes in a gradual and orderly manner. K3 Classes will resume on 15<sup>th</sup> June, 2020 as following timeable:

AM & WD classes: from 9:00 am to 12:00 noon PM class: from 1:30 pm to 4:30 pm

- 2. During the class suspension period, our school has thoroughly cleaned and disinfected the school premises. We have urged all staff members, school bus drivers and nanny to step up precautionary measures to maintain personal hygiene and environmental hygiene of the school. Besides, we will also request all the staff who have contacts with our students to take their temperature before going to school. If they have fever, they must not return to school.
- 3. We will maintain the environmental hygiene of our school premises as far as we can to safeguard the health of our students. We hope that, after class resumption, students can return to the school and enjoy their learning in a safe environment. However, we are mindful of the rapidly changing nature of the COVID-19 pandemic, schools will keep in view the latest development, and parents should pay close attention to any latest announcements of our school as well as the EDB.
- 4. Cooperation from parents and students are important for us to maintain a clean and safe environment. We call on your support to step up environmental hygiene in the household, and, on top of that, implement the following measures strictly:
  - 4.1 Pay attention to the health condition of your child. He/She should stay away from school and see a doctor immediately if symptom, especially fever, is detected.
  - 4.2 Take your child's temperature before he/ she goes to school every day. Fill in the record sheet and sign your name on it. Your child should return the completed sheet to us daily.
  - 4.3 To prevent infection, please ask your child to wear a mask (also applicable when taking school buses, nanny vans or other transportations) and bring tissue paper to school every day.
  - 4.4 To keep teachers' informed of the health condition of students, please complete the "Declaration form for travel history and health status" to provide us with the following information:
    - (a) travel history of your child outside Hong Kong in the past 14 days.
    - (b) whether your child has <u>confirmed</u> infection of COVID-19.
    - (c) the health status of those taking care of your child, or those living with your child.
    - (d) the current health status of your child.

Please return the declaration form on first day of class resumption. For those who have contracted the virus and have recovered, if they are still within the 14-day quarantine period, they must not go to school.

- 4.5 After the resumption of classes, you are requested to notify the school at 24458553 immediately in case of any of the following situations, to facilitate our prompt action in taking contingency measures and informing the EDB:
  - (a) your child has been confirmed infection of COVID-19; or
  - (b) your child has been classified as "close contact of an infected person" with COVID-19\*
- 5. With concerted efforts contributed by different parties, we look forward to overcoming the adversities of the pandemic so that students, teachers and parents can resume normal living and healthy life.

Yours faithfully,

Cheng Ka Fung

Principal

<sup>\*</sup>In general, close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a confirmed patient.

# YUEN LONG TUNG KOON DISTRICT ASSOCIATION MRS.WONG SIU KEUNG KINDERGARTEN

# 2019 Coronavirus Disease (COVID-19) <u>Declaration form for travel history and health status of students</u>

Nam	ne of Student :	Class :	Sex :	M/F		
Plea	ase complete the below form and retur	n to schools <i>(Please pu</i>	t a " $\checkmark$ " in the $a_{\parallel}$	ppropriate box)		
<u>Part</u>	t A – Travel history of your child outside	Hong Kong in the past	t 14 days			
	My child has not been away from Hong Kong in the past 14 days prior to class result					
	My child has paid visit outside Hong Kong in the past 14 days prior to class resumption					
	Duration: From (Month) _	(Day) (Departure da	te)			
	To (Month)	(Day) (Arrival date)				
	Destination (Please specify countries an	nd cities) :	<del></del>			
<u>Part</u>	t B – Whether your child has confirmed	infection of COVID-19				
	My child has not confirmed infection fo  My child has confirmed of COVID-19 inf  From (Month) (Day  To (Month) (Day	ection and has already re	ecovered. Hosp	oitalization Period :		
<u>Part</u>	t C – Health status of those taking care o	of your child, or those li	ving with your	<u>r child</u>		
	Person taking care of or living together with my child has not confirmed infection for COVID-19  Person taking care of or living together with my child has confirmed infection for COVID-19, the person has recovered / is still receiving treatment in hospital / has been discharged from hospita and taking medicine. (please delete as appropriate)  Relation with my child (please specify)					
	Person taking care of or living together an infected person"* of COVID-19.	with my child, has not be	en classified a	s "close contact of		
<u>Part</u>	D – Current health status of your child					
	My child has no symptoms of cough, sh	ortness of breath, breath	ning difficulty a	nd sore throat.		
Sig	gnature of Parent/Guardian:					
Naı	nme of Parent/Guardian :					
Dat	nte :					

<sup>\*</sup> In general, close contact means having cared for, having lived with, or having had direct contact with respiratory secretions and body fluids of a confirmed patient.