

Download the Registration Form from:



- Complete the form and save it in [fillable PDF format](#).
- File name:
e.g. Readathon_School Name.PDF



- Email the form to ele@edb.gov.hk by **6:00 p.m., 4 November 2026 (Wed)**.
- Email subject:
e.g. Readathon_School Name

<https://www.edb.gov.hk/Readathon-form>

Campaign on “Promoting Positive Values and Attitudes through English Sayings of Wisdom” 2026/27 – SOW Readathon (Registration Form)	
I) School Information	
School Level:	* ☐ Primary ☐ Secondary
School Name:	
School Address:	
	* ☐ Kowloon ☐ New Territories ☐ Hong Kong Island
Name of School Head:	* ☐ Dr ☐ Mr ☐ Ms ☐ Mrs ☐ Other: _____ (Please specify.) Surname: _____ Given Name: _____
Contact Person:	* ☐ Dr ☐ Mr ☐ Ms ☐ Mrs ☐ Other: _____ (Please specify.) Surname: _____ Given Name: _____
	Post Title: _____
	Telephone No.: _____
	Email: _____
II) Initial Plan	
Planned implementation period:	* 2026: ☐ Nov ☐ Dec 2027: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun
Target Level(s) of Students: [You may tick more than one box.]	* ☐ P1 ☐ P2 ☐ P3 ☐ P4 ☐ P5 ☐ P6 ☐ S1 ☐ S2 ☐ S3 ☐ S4 ☐ S5 ☐ S6
Expected Total Number of Participants: [An estimate will suffice.]	
Activities to be Held: [You may tick more than one box.]	* ☐ Reading challenges ☐ Game booths ☐ Book fairs ☐ Thematic talks ☐ Reading Day(s)/Week(s)/Festival ☐ Book clubs ☐ Competitions ☐ Meet-the-author talks/activities ☐ SOW-related competitions organised by the EDB ☐ Other: _____ (Please specify.)

* Please tick the appropriate box(es).

Collaborative Partners: <i>[You may tick more than one box.]</i>	* ☐ English Language Education KLA ☐ Chinese Language Education KLA ☐ Mathematics Education KLA ☐ Science Education KLA ☐ Technology Education KLA ☐ Personal, Social & Humanities Education KLA ☐ Arts Education KLA ☐ Physical Education KLA ☐ Teacher-librarian ☐ Hong Kong Public Libraries ☐ Parents ☐ Alumni ☐ Service Providers ☐ Other: _____ (Please specify.)
III) Sowy Mascot Visit Service#	
Request for Sowy Mascot Visit Service If yes: Proposed month of visit: <i>[You may tick more than one box.]</i> Proposed activity / occasion: <i>[You may tick more than one box.]</i> Consent to filming for video production ^	* ☐ Yes ☐ No 2026: ☐ Nov ☐ Dec 2027: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul Preferred date of visit (if applicable): _____ Preferred timeslot (if applicable): * ☐ AM ☐ PM ☐ Reading promotion activity ☐ Prize-giving ceremony ☐ Sharing session ☐ Classroom pop-in visit ☐ Photo-taking session ☐ Simple interactive game(s) facilitated by teachers ☐ Other: _____ * ☐ Yes ☐ No
# Schools receiving the Sowy mascot visit service are required to submit at least 10 photos of the mascot activities within two weeks after Sowy's visit and to ensure that the necessary parental / guardian consent for students appearing in the photos has been obtained for the EDB's use of such photos for promotional and educational purposes. ^ A crew will be sent by the EDB to shoot footage of the Sowy mascot visit for video production. The videos will be disseminated on the EDB website, SOW webpage and/or other platforms for promotional and educational purposes. The school should obtain parental / guardian consent.	

* Please tick the appropriate box(es).