

## **Briefing Session on School Registration**

*(To be conducted in Cantonese)*

To facilitate potential applicants in applying for registration of a school, the following briefing session on school registration will be conducted. Those who would like to attend the briefing session may complete the reply slip below and return it by fax at **2573 3459** or by email to **casru5@edb.gov.hk**.

<b>Date</b>	<b>Venue</b>	<b>Time</b>
5 January 2023 (Thursday)	Room 1419A & B, 14/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong	2:30 - 4:00 p.m.

2. Arrangement for those wishing to participate in the above briefing session will be made on a first-come-first-served basis. In the event of over-subscription, staff of the School Registration and Compliance Section will inform the contact person by email. Those enrolled are reminded to attend the briefing session on time.

3. The participants shall take note of the prevailing anti-epidemic measures implemented by the Government for entry into the above venue. Participants will also be requested to measure their body temperature before entering the venue. Those with fever or respiratory symptoms will not be allowed to enter the venue. Participants should also wear surgical masks during the briefing session.

4. Attendees are advised to download the relevant "Guidelines for Registration of a New School" and the related forms from our website <http://www.edb.gov.hk> (path: Home > School Administration and Management > School Registration) for reference.

5. For enquiries, please contact us at 2892 6343.

School Registration and Compliance Section  
Education Bureau

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To : School Registration and Compliance Section, Education Bureau

### **Reply Slip**

\*We / I would like to attend the briefing session on school registration held on 5 January 2023.  
The following is \*our / my information:

Name(s): \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Name of Company/Organisation  
(if applicable) : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Email address : \_\_\_\_\_

Name of Contact Person : \_\_\_\_\_

Signature of Contact Person : \_\_\_\_\_

Date : \_\_\_\_\_

\* Please delete as appropriate