

St. Paul's Convent School

Secondary Section
140 Leighton Road
Causeway Bay
Hong Kong



Tel: 2576 1692 (General Office)
2577 2159 (Principal)
Fax: 2882 8464

17th September 2020

Dear F.2 Parents / Guardians,

Resumption of face-to-face classes on 29th September 2020

We warmly welcome Paulinians back to SPCS. I am sure that all of them must be very happy and excited to be back at school. However, due to the changing nature of the Covid-19 pandemic, kindly ensure that your daughter / ward will come to school and return home directly every day. Ensure that they practise social distancing and do not go to crowded places when not in school to safeguard their own health and those of their classmates. For other safe practices, kindly refer to the SPCS Guidelines on Prevention of Covid-19 previously posted on our website.

Your daughter/ ward will resume face-to-face classes on 29th September 2020 and Blended Learning timetables will be used. Paulinians will go directly to their classrooms when they arrive in school. School starts at 8:00 a.m. and ends at 12:40 p.m. in the morning and Zoom classes in the afternoon will begin at 2:40 p.m. – 4:00 p.m. For those taking Foreign Languages, all FL classes will take place from 4:00 p.m. – 6:00 p.m. with the tutors from HKU Language Department.

Please acknowledge receipt of this letter by completing the attached reply slip and return it with the attached documents to your daughter's / ward's Form Teacher on 29th September 2020. Kindly contact your daughter's / ward's Form Teacher if you have any further enquiries.

Thanking you for your kind attention and wishing you all the best of health. God love and bless you always.

Yours sincerely,

Sister Margaret Wong
Principal

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REPLY SLIP

(Form 2)

Dear Principal,

Thank you for your letter on 17th September 2020, the contents of which are duly noted.

Enclosed please find the following documents:

1. Declaration form for travel history and health status of students
2. Temperature record sheet

Student's Name: _____ Class: _____ ()

Parent's Name: _____ Mobile/Contact No: _____

Parent's Signature: _____ Date: _____

2019 Coronavirus Disease (COVID-19)
Declaration form for travel history and health status of students

Name of School _____

Name of Student : _____ Class : _____ Sex : M/F

Please complete the below form and return to schools (Please put a "✓" in the appropriate box)

Part A – Travel history of your child outside Hong Kong in the past 14 days

- My child has not been away from Hong Kong in the past 14 days prior returning to school premises
- My child has paid visit outside Hong Kong in the past 14 days prior returning to school premises

Duration: From _____ (Month) ____ (Day) (Departure date)

To _____ (Month) ____ (Day) (Arrival date)

Destination (Please specify countries and cities) : _____

Part B – Whether your child has confirmed infection of COVID-19

- My child has not confirmed infection for COVID-19.
- My child has confirmed of COVID-19 infection and has already recovered. Hospitalization Period : From _____ (Month) ____ (Day)
To _____ (Month) ____ (Day)

Part C – Health status of those taking care of your child, or those living with your child

- 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 hospitals and taking medicine. (please delete as appropriate)

Relation with my child (please specify) _____

- Person taking care of or living together with my child, has not been classified as "close contact of an infected person"* of COVID-19.

Part D – Current health status of your child

- My child has no symptoms of cough, shortness of breath, breathing difficulty and sore throat.

Name of Parent/Guardian (in Block Letter) : _____

Signature of Parent/Guardian : _____

Date : _____

* 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.

Name of Student: _____ Class: _____ Class no. : _____

Name of Parent/Guardian: _____ Contact No. : _____

Temperature Record Sheet (September and October 2020)

1. Parents/Guardians should take your daughter/ward's temperature before going to school as advised by the Department of Health to prevent the spread of influenza. If the temperature is over 99°F or 37.2°C, she should not attend school and should consult a doctor promptly.
2. Parents/Guardians should record your daughter/ward's temperature and sign on the record sheet daily. The record sheet should be returned to teachers for checking and submitted to school when the form is completed.
3. Please also complete on holiday.

September and October 2020									
Date	Time for taking temp.	Temp °F/°C	Signature of Parent/Guardian	Remarks	Date	Time for taking temp.	Temp °F/°C	Signature of Parent/Guardian	Remarks
September 2020					October 2020				
1/9	Tue				1/10	Thu			
2/9	Wed				2/10	Fri			
3/9	Thu				3/10	Sat			
4/9	Fri				4/10	Sun			
5/9	Sat				5/10	Mon			
6/9	Sun				6/10	Tue			
7/9	Mon				7/10	Wed			
8/9	Tue				8/10	Thu			
9/9	Wed				9/10	Fri			
10/9	Thu				10/10	Sat			
11/9	Fri				11/10	Sun			
12/9	Sat				12/10	Mon			
13/9	Sun				13/10	Tue			
14/9	Mon				14/10	Wed			
15/9	Tue				15/10	Thu			
16/9	Wed				16/10	Fri			
17/9	Thu				17/10	Sat			
18/9	Fri				18/10	Sun			
19/9	Sat				19/10	Mon			
20/9	Sun				20/10	Tue			
21/9	Mon				21/10	Wed			
22/9	Tue				22/10	Thu			
23/9	Wed				23/10	Fri			
24/9	Thu				24/10	Sat			
25/9	Fri				25/10	Sun			
26/9	Sat				26/10	Mon			
27/9	Sun				27/10	Tue			
28/9	Mon				28/10	Wed			
29/9	Tue				29/10	Thu			
30/9	Wed				30/10	Fri			
					31/10	Sat			