



Sik Sik Yuen Biotechnology Mobile Laboratory Program

c/o Ho Yu College and Primary School (Sponsored by Sik Sik Yuen)

4 - 6 Kin Tung Road, Tung Chung, Lantau Island, N.T., Hong Kong SAR

Tel: 2109-1001 Fax: 2109-2002 Website: <http://mobilelab.hoyu.edu.hk>

Registration Form

Thank you for your interest in the MobileLab. Please read the Registration Notes before completing the form of your school. For further information or if you would like to reserve the MobileLab for an organization, please visit our website by scanning this QR code.



Part A. School Information (Please tick appropriate):

School Name:	(English)	(Chinese)
School Address:	(English)	(Chinese)
School Type:	<input type="checkbox"/> Government <input type="checkbox"/> Aided <input type="checkbox"/> DSS / International / Private / Others: _____	School District:
Name of Principal:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. (English)	(Chinese)
School Contact:	Tel. No.:	Fax No.:
Name of Teacher-in-charge:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. (English)	(Chinese)
Contact of Teacher-in-charge:	Tel. No.:	Email Address:
How does your School offer Biology in the NSS Curriculum?	<input type="checkbox"/> ½ X <input type="checkbox"/> 1X <input type="checkbox"/> Not Offered	
Which electives in the NSS Biology curriculum does your school offer? A. Human Physiology; B. Applied Ecology; C. Microorganisms and Humans; D. Biotechnology	Last year: <input type="checkbox"/> None <input type="checkbox"/> Undecided <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Current year: <input type="checkbox"/> None <input type="checkbox"/> Undecided <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Next year: <input type="checkbox"/> None <input type="checkbox"/> Undecided <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

<hr/> <p><i>Authorized and signed by the Principal</i></p>	<hr/> <p><i>School Chop</i></p>	<hr/> <p><i>Date</i></p>
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Date(s) of Event (Please book at least TWO months in advance)	Day	Month	Year
No.	Course Code/Title (please refer to our website for details)	Grade	No. of students per class* No. of class(es)
e.g. 1	e.g. D03	e.g. S2	e.g. 20 e.g. 3

*For each class, the maximum capacity of the MobileLab is 32 students. Due to the COVID-19 pandemic, responsive measures of the MobileLab are subjected to EDB policy. Please contact our staff for further detail and updated policy.

Part B. Eligibility Criteria (Please tick appropriate).

Is this the first time your school is using our service? YES **(Please complete the following section)**
 NO **(Please leave the following section blank)**

1. Does your school have parking space for a 12-metre (40-ft) bus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there any electrical power outlet near the parking space? If so, please estimate the distance from the parking location.	<input type="checkbox"/> Yes, _____ m <input type="checkbox"/> No
3. Please upload the photos of proposed parking location and power outlet by scanning the QR code on the right.	 <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your school provide 24-hr security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is there any teacher at your school trained by Sik Sik Yuen Biotechnology Mobile Laboratory Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s) and Year of Training:	
6. Suggested Date(s) for Mandatory Pre-lab Meeting at Ho Yu College and Primary School weekdays, 10am-4pm)	
Date	
Time	

I have read the Registration Notes and agree with the requirements indicated.

 Teacher-in-Charge's Signature

Please return the completed Registration Form to bml@hoyu.edu.hk or by fax to 2109-2002. Thank you for registering in the BML Program.