

## 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 "MobileLab @ your school" service. For further information or if you would like to reserve other MobileLab services, please leave your message at the 'Contact us' page or send email to BML@hoyu.edu.hk



## **Part A. School Information** (*Please tick appropriate*):

School Name:	(English)		(Chinese)	
School Address:	(English)		(Chinese)	
School Type:	☐Government ☐Aided		School District:	
	DSS / International / Private	e / Others:		
Name of Principal:	□Dr. □Mr. □Ms. (English)		(Chinese)	
School Contact:	Tel. No.:		Fax No.:	
Name of	□Dr. □Mr. □Ms. (English)		(Chinese)	
Teacher-in-charge:				
Contact of	Tel. No.:		Email Address:	
Teacher-in-charge:				
Authorized and sign	ed by the Princinal	School Chop	Date	
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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

Part B. Eligibility Criteria (Please tick appropriate).

	Is this th	he first time your school is using our service?	☐ YES ☐ NO	(Please complete the following section) (Please leave the following section blank)		
1.	Does yo	our school have parking space for a 12-metre (40	0-ft) bus?	☐ Yes		
				□ No		
2.	Is there	any electrical power outlet near the parking spa	ace? If so, pl	ease Yes, m		
	estimate the distance from the parking location.			□ No		
3.	Please u	ipload the photos of proposed parking location	and 🔳	☐ Yes		
	power o	outlet by scanning the QR code on the right.	% ■	□ No		
4.	Does yo	our school provide 24-hr security?		Yes		
				☐ No		
5. 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 <a href="mailto:bml@hoyu.edu.hk">bml@hoyu.edu.hk</a> or by fax to 2109-2002. Thank you for registering in the BML Program.

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<sup>\*</sup>For each class, the maximum capacity of the MobileLab is 32 students. If you would like to apply for more than 5 courses, please fill in the top five courses in this page and send email to BML@hoyu.edu.hk for the remaining courses.