

Download the Registration Form from:


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


- 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., 29 November 2024 (Friday)**.
- Email subject:
e.g. Readathon_School Name

Campaign on “Promoting Positive Values and Attitudes through English Sayings of Wisdom 2024/25” – SOW Readathon (Registration Form)	
I) School Information	
School Level:	* <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
School Name:	
School Address:	<hr/> <hr/> <hr/>
	* <input type="checkbox"/> Kowloon <input type="checkbox"/> The New Territories <input type="checkbox"/> Hong Kong Island
Name of School Head:	* <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other: _____ (Please specify.) Surname: _____ Given Name: _____
Contact Person:	* <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other: _____ (Please specify.) Surname: _____ Given Name: _____
	Post Title:
	Telephone No.:
	Email:
II) Initial Plan	
Target Level(s) of Students: [You may tick more than one box.]	* <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6 <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> S5 <input type="checkbox"/> S6
Expected Total Number of Participants: [An estimate will suffice.]	
Activities to be Held: [You may tick more than one box.]	* <input type="checkbox"/> Reading challenges <input type="checkbox"/> Game booths <input type="checkbox"/> Book fairs <input type="checkbox"/> Thematic talks <input type="checkbox"/> Reading Day(s)/Week(s)/Festival <input type="checkbox"/> Book clubs <input type="checkbox"/> Competitions <input type="checkbox"/> Meet-the-author talks/activities <input type="checkbox"/> SOW-related competitions organised by the EDB <input type="checkbox"/> Other: _____ (Please specify.)

* Please tick the appropriate box.

<p>Collaborative Partners: [You may tick more than one box.]</p>	<p>* <input type="checkbox"/> English Language Education KLA <input type="checkbox"/> Chinese Language Education KLA <input type="checkbox"/> Mathematics Education KLA <input type="checkbox"/> Science Education KLA <input type="checkbox"/> Technology Education KLA <input type="checkbox"/> Personal, Social & Humanities Education KLA <input type="checkbox"/> Arts Education KLA <input type="checkbox"/> Physical Education KLA <input type="checkbox"/> Teacher-librarian <input type="checkbox"/> Hong Kong Public Libraries <input type="checkbox"/> Parents <input type="checkbox"/> Alumni <input type="checkbox"/> Service Providers <input type="checkbox"/> Other: _____ (Please specify.)</p>
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** Please tick the appropriate box.*