



# Gateway change request form

User guide

---

September 2011

---

**Table of Contents**

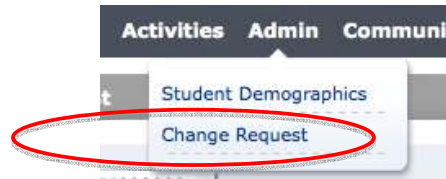
- Change Request Form ..... 3**
- Parents ..... 4**
- Family contact..... 5
  - General information ..... 5*
  - Guardian details ..... 5*
  - Complete form ..... 6*
- Student emergency contact..... 8
  - Emergency contact..... 8*
  - Student contact information ..... 8*
  - Completing the form..... 8*
- Medical information ..... 9
  - General information ..... 9*
  - Personal information ..... 9*
  - Contact information ..... 10*
  - Medical information ..... 11*
  - Immunisations..... 11*
  - Allergies and asthma..... 12*
  - Other medical conditions and medications ..... 12*
  - Water safety and dietary information ..... 13*
  - Completing the form..... 14*
  - Declaration ..... 14*

## Change Request Form

- The change request form allows parents to check the data stored in the Gateway about them and their children and then request changes to be made online.
- Changes are *not* made automatically. This is to ensure that:
  - The school is aware of changes
  - Data entered makes sense
- Information that can be changed:
  - Family contact information
  - Student emergency contact information
  - Medical information
- Parents of year 6 students may also use this section to apply for year 7 places in ESF secondary schools.

## Parents

- Login to the Gateway.
- Choose **admin – change request**.



- If the parent has more than one child they can select them from the drop down box

A screenshot of the 'Change Request' form. At the top, there is a dropdown menu for selecting a child, currently showing 'BUND00013, BUND000113'. This dropdown menu is circled in red. Below the dropdown, the text reads 'Please select what kind of information you would like to update:'. There are four radio button options: 'Family Contact', 'Student Emergency Contact', 'Medical Information', and 'Transfer Application For Year 7'. At the bottom left of the form is a 'Go' button.

- There are a number of forms to choose from.
  - Family contact – changes made here will apply to all children in the family
  - Student emergency contact – applies to the selected child only.
  - Medical information – applies to the selected child only.
  - Transfer application for year 7.
- The options available will depend on the child selected.

## Family contact

- This is for changing family contact details. This form cannot be used to change other information.
- If the parents have more than one child at an ESF school this information will apply to **ALL** of them.
- Check the button next to *family contact* then click on **go**.

Please select what kind of information you would like to update:

Family Contact

Student Emergency Contact

Medical Information

Go

## General information

- The top part of the form shows details about the student that cannot be changed.

Change Request / Family Contact

Changes made in this form will be applied to all siblings, including those who study in other schools.

ABB000018, ABB000000 (1242)

Preferred Name	ABB000018	Gender	M
Surname	ABB000018	Age	10 years 2 months
First Name	ABB000018	Date of Birth	18/04/1998
Second Name	School	Student's Mobile Number	
Official Full Name	ABB000018	Email	ABB000000@gmail.com
Hong Kong ID	7456000(2)		

School

Academic Year	122	Full Group	1242
Year Group	12A	House	House

## Guardian details

- In this section you can enter contact details.

Guardian

<b>Guardian 1</b>	<b>Guardian 2</b>
Relationship: Mother	Relationship: Father
Marital Status: Married	Marital Status: Married
Title: Ms	Title: Mr
Name: ABB000004, ABB000004	Name: ABB000004, ABB000004
Occupation: Home Maker	Occupation: Police Off
Employer:	Employer: HKSAR
Work Number #: 852	Work Number #: 852 2803 0000
Mobile Number #:	Mobile Number #: 852 9409 0000
Fax Number: 852	Fax Number: 852 2806 4719
Email: ABB000004@gmail.com	Email: ABB000004@gmail.com
Above email is used for school contact? Yes	Above email is used for school contact? Yes
Who should we call first? <input type="radio"/>	Who should we call first? <input checked="" type="radio"/>

- You must enter at least one phone number for each guardian.

**Family**

Home Fax Number: 852 11112222 Home Phone Number: 2343 0000

**Home Address**

Salutation/Title: Mr & Mrs Arthur Dent

Flat: 3

Floor: 20

Block: A

Building: Hogwarts

Number & Street: 27

District: Jardine's Lookout

Region: Hong Kong

Address Proof document:

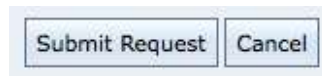
School Fee Billing Address is the same as Home Address.

**Mailing Address:**  Same as Home Address

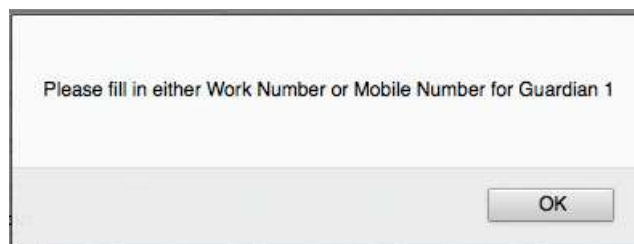
- The final section is for the family address. If the parent wishes to change this the school may require proof of address to be provided. This can be done by attaching a document using the *browse* button.

#### Complete form

- When the form is complete click on the submit request button at the bottom of the page.



- if any required data is missing a message box will pop up.



- Once everything is satisfactory the form will be submitted for confirmation.

Guardian		
<b>Guardian 1</b>		
Name	ABBC000004, ABBC000004	
Work Number	852	852 99992304
<b>Guardian 2</b>		
Name	ABBC000004, ABBC000004	
Family		
Home Fax Number	852 2203 4127	852 11112222
Home Phone Number	2203 0000	852 2343 0000
Home Address	Mr & Mrs Ronald ABBOTT 332 332 332 332 Jardine's Lookout H.K.	Mr & Mrs Arthur Clark. 3 20 A Hogwarts 27 Jardine's Lookout H.K.
School Fee Billing Address		Mr & Mrs Arthur Clark. 3 20 A Hogwarts 27 Jardine's Lookout H.K.

- Changes will be shown in red.
- If there are mistakes click on **go back and edit** at the bottom of the page.

Confirm	Go Back And Edit	Cancel
---------	------------------	--------

- Once everything is correct click on **confirm**.
- This will return you to the change request start page. Family contact will be disabled with a message to say that a request has been submitted.

ABBC000010, ABBC000010

Please select what kind of information you would like to update:

**Family Contact** (Your request submitted on Aug 12 2011 05:41AM is in process. Reference number: SES2011150017)

**Student Emergency Contact**

**Medical Information**

Go

## Student emergency contact

- This is for changing family contact details. This form cannot be used to change other information.
- If the parents have more than one child at an ESF school this information will apply to the selected child **ONLY**.
- Check the button next to *family contact* then click on **go**.

A screenshot of a web form. At the top, there is a dropdown menu with the text 'BASF000003, BASF000003'. Below this, the text reads 'Please select what kind of information you would like to update:'. There are three radio button options: 'Family Contact', 'Student Emergency Contact' (which is selected), and 'Medical Information'. At the bottom left of the form is a 'Go' button.

## Emergency contact

- The emergency contact is for contacting people other than the guardians.

A screenshot of the 'Emergency Contact' form. It is divided into two columns: 'Emergency Contact 1' and 'Emergency Contact 2'. Each column has fields for Name, Relationship, Language, Work Number, Home Number, Mobile Number, and Remark. In the 'Emergency Contact 1' section, the Name is 'BASF000003', Relationship is 'Friend/Neighbour', Language is 'English', Work Number is '852', Home Number is '852 2987 0000', Mobile Number is '852 6050 0000', and Remark is 'Mother of Fred Dagg'. In the 'Emergency Contact 2' section, the Name is 'BASF000003', Relationship is 'Helper', Language is 'English', Work Number is '852', Home Number is '852 2987 0000', Mobile Number is '852 6335 0000', and Remark is empty.

## Student contact information

- Enter the student's mobile number.

A screenshot of the 'Student Information' form. It has a single field labeled 'Student's Mobile Number' with a dropdown menu set to '852' and an adjacent text input box.

## Completing the form

- As with the family contact form when you click on submit request you will then have a chance to check the information you entered is correct.
- New data is on the right hand side of the form in red.

A screenshot of the 'Emergency Contact' form showing the data after submission. The 'Emergency Contact 1' section shows the Name as 'BASF000003' and the Remark as 'Mother of Catherine Stamp (1D) & Sarah Stamp (8D)'. The text 'Mother of Fred Dagg' is shown in red next to the Remark field. The 'Emergency Contact 2' section shows the Name as 'BASF000003'.

- If you need to make further changes click on **go back and edit**.
- Once you are satisfied the information is correct click on **confirm**.

A screenshot of three buttons: 'Confirm', 'Go Back And Edit', and 'Cancel'.



## Medical information

- This is for changing medical information.
- If the parent has more than one child they should select the appropriate child.
- Check the button next to *medical information* then click on **go**.



A form with three radio buttons and a 'Go' button. The radio buttons are labeled 'Family Contact', 'Student Emergency Contact', and 'Medical Information'. The 'Medical Information' radio button is selected. The 'Go' button is located below the radio buttons.

## General information

- As with the other change requests the page starts with general information that cannot be changed.



A screenshot of a 'Change Request - Medical Information' form. The form is titled 'BICK000008 BICK000008 (11D)'. It contains several fields for personal information, including Preferred Name, Surname, First Name, Second Name, Official Full Name, Hong Kong ID, Gender, Age, Date of Birth, Student's Mobile Number, and Email. Below this is a 'School' section with fields for Academic Year, Tutor Group, Roll Group, and House.

## Personal information

- This section allows you to change details such as nationality and ID number.



A screenshot of a 'Personal Information' form. It contains fields for Hong Kong ID, Passport Number, and Nationality by Passport. There is a 'Browse...' button for uploading a proof document. A note at the bottom states: '(Passport numbers are required for all students not in possession of a Hong Kong I.D. card. This data is required for the use of emergency helicopters or other related government service providers.)'

- If you make a change you may need to attach proof. Click on browse to select and attach a supporting document.

### Contact information

- Scroll down and you will see contact information.
- There is a section for family contact...

**Family Contact**  
Information changes made in this section will be applied to all family siblings in EBF, including those who study in other EBF schools.

Home Phone Number \*

Name BASF000002, BASF000002 Name BASF000002, BASF000002

Work Number \*  Work Number \*

Mobile Number \*  Mobile Number \*

Who should we call first? \*

- ...and for emergency contact.

**Emergency Contact**  
Information changes made in this section will be applied to this child only.

Emergency Contact 1	Emergency Contact 2
Name <input type="text" value="BASF000003"/>	Name <input type="text" value="BASF000003"/>
Relationship <input type="text" value="Friend/Neighbour"/>	Relationship <input type="text" value="Helper"/>
Language <input type="text" value="English"/>	Language <input type="text" value="English"/>
Work Number <input type="text" value="852"/>	Work Number <input type="text" value="852"/>
Home Number <input type="text" value="852 2987 0000"/>	Home Number <input type="text" value="852 2987 0000"/>
Mobile Number <input type="text" value="852 6050 0000"/>	Mobile Number <input type="text" value="852 6335 0000"/>
Remark <input type="text" value="Mother of Catharine Stamp (1D) &amp; Sarah Stamp (8D)"/>	Remark <input type="text"/>

(In case of Emergency, the above named guardian(s) based on their priority contact setting and Emergency contact person will be contacted.)

## Medical information

- Scroll down further to find the medical information sections.

**Medical Information**

If your child has any medical condition(s), please select the medical condition and input the detail from 1 to 5. (Please check carefully that the following medical information is up to date and inform of any changes.)

Medical condition 1

Medical condition 2

Medical condition 3

Medical condition 4

- Anaemia or other blood disorder
- Diagnosed Anorexic or Bulimic
- High or Low Blood Pressure
- Diabetes**
- Dizziness/Fainting spells
- Epilepsy (convulsions)
- GSPD
- Frequent headaches
- Difficulty in hearing or vision
- Heart Problems (e.g. abnormal heart beat)
- Fitness when exposed to high temperature
- Kidney Disease or bladder problems
- Movement difficulty (arthritis, injury)
- Frequent nosebleeds
- Others
- Phenyketonuria
- Psychological condition
- Rare Blood Type
- Rheumatic fever

- There are boxes for five medical conditions. You can select the condition from the drop down boxes and enter any other information as necessary in the text box.
- Asthma and allergies are dealt with in later sections.

## Immunisations

- The next section asks for information about immunisations.
- If you click on yes you will need to enter the date, or approximate date, of the immunisation.

**Immunisations**

Has your child had the following immunizations? If Yes, please provide the last injection date.

Tetanus? \* Yes  No  Immunization Date: 16/04/2008

Hepatitis A? \* Yes  No

Hepatitis B? \* Yes  No  Immunization Date:

Tuberculosis? \* Yes  No

Others?

**Background Allergies**

Does your child suffer from any allergies? \* Yes  No

**Asthma**

- Clear
- Close
- <Prev Today Next>
- August 2011
- S M T W T F S
- 1 2 3 4 5 6
- 7 8 9 10 11 12 13
- 14 15 16 17 18 19 20
- 21 22 23 24 25 26 27
- 28 29 30 31

- Any vaccinations not covered may be entered in the **others** section.

## Allergies and asthma

- These sections default to *no*. As soon as you choose *yes* the box will expand to allow more information to be given.

**Background Allergies**

Does your child suffer from any allergies? \* Yes  No

Does your child see a doctor about their allergies? \* Yes  No

When did the last allergic reaction occur? \* 04/03/2011

What is your child allergic to? \* Homework

How severe is the reaction? \*

Mild with no change of activity needed

Moderate with a need for slight changes of activity

Moderate with the need for immediate change to activities

Severe with the need for medical attention

Has hospitalization occurred because of a reaction? \* Yes  No

Date of last hospitalisation: \_\_\_\_\_

**Asthma**

Does your child suffer from asthma? \* Yes  No

Does your child see a doctor about their asthma? \* Yes  No

When did the last asthma attack occur? \* 07/03/2011

How many attacks have occurred in the last 12 months? \* 1-3

What triggers the asthma episodes? \* Homework

Is your child's sleep disrupted due to wheezing? \* Never

Name of asthma medication \* Vodka

Dose and route of administration \* 1 large glass by mouth

## Other medical conditions and medications

- The next two sections also expand when you click on **yes**.

**Other medical conditions**

Does your child have any other medical condition requiring regular medical attention, medication or resulting in hospital admission? \* Yes  No

Please provide details: \_\_\_\_\_

**Medications**

Does your child take any medications? \* Yes  No

List the medicines: \_\_\_\_\_

Please give additional information: \_\_\_\_\_

### Water safety and dietary information

- The final sections relate to the child's safety around water and dietary information.

#### Safe in and around water

- Is your child a confident swimmer? \* Yes  No
- Can your child keep afloat in water? \* Yes  No
- Can your child swim at least 50 metres fully clothed? \* Yes  No

#### Dietary Information

Please outline any special dietary requirements of your child and how best they should be catered for

Requires at least one big mac every day

### Completing the form

- Click on **submit request**.



- If you have failed to enter required values messages will appear on the screen to remind you to do so.
- Once complete the changes you have made will be shown for you to check.
- The page will show existing values on the left and new values in red on the right in red.

A screenshot of the "Immunisations" section of a form. It contains a table with columns for immunization type, current status, and new status/date. The "Tetanus?" row shows "NO" on the left and "YES" in red on the right, with a date "15/01/2011" in red below it. Other rows for Hepatitis A, Hepatitis B, and Tuberculosis show "NO" on both sides. There is also an "Others?" row.

Immunisation	Current Status	New Status / Date
Tetanus?	NO	YES
Immunization Date		15/01/2011
Hepatitis A?	NO	NO
Immunization Date		
Hepatitis B?	NO	NO
Immunization Date		
Tuberculosis?	NO	NO
Immunization Date		
Others?		
Immunization Date		

### Declaration

- At the bottom of the screen you will need to complete the declaration.

A screenshot of the "Declaration" section. It contains a paragraph of text stating that the user has completed the form accurately and truthfully, and is giving consent for the school to arrange for and consent to any medical treatment or hospitalization for their child/guardian while at the school. Below the text is a "Confirm" checkbox and a "Select Parent/ Guardian" dropdown menu.

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date. I understand that it is my responsibility to inform the school of any previous or new health problems or injuries and I am aware that if I have not, the school cannot be held responsible for the consequences. I hereby give consent and full authority for the staff or agents of the school to arrange for and consent to any medical treatment or hospitalization for my child / guardian while s/he is in the care of the school. I further authorise these staff members to enter into and execute, on my behalf, such documents or consents as may be required by Medical Practitioners, Health Care Professionals or Hospitals for such purposes. I have read the communications sent by the school relating to this trip and give consent to my son/daughter's participation.

Confirm

Select Parent/ Guardian: -- --

- Check the **confirm** box and select the **parent** from the drop down box.
- Click on **confirm** to finally submit the form – or choose **go back and edit** if you still need to make changes.
- Once confirmed you will be returned to the starting page. You will see that the medical information button is disabled pending the change being confirmed by the school nurse.

A screenshot of a form titled "Please select what kind of information you would like to update:". It has a dropdown menu at the top showing "BASFD00003, BASF000003". Below the title are three radio button options: "Family Contact", "Student Emergency Contact", and "Medical Information". The "Medical Information" option is selected and has a timestamp "(Your request submitted on Aug 15 2011 02:30)". There is a "Go" button at the bottom left.

BASFD00003, BASF000003

Please select what kind of information you would like to update:

Family Contact

Student Emergency Contact

Medical Information (Your request submitted on Aug 15 2011 02:30)

Go