



Chiu Sheung School, Hong Kong
79B Pok Fu Lam Road, Hong Kong
Tel : 2546-1644 Fax : 2517-2483
Website : www.csshk.edu.hk

29th November, 2021

Dear Parents/Guardians,

Parental Consent Form for Submission of Information of Students with Special Educational Needs
2021-2022 No.090B

(Applicable to newly admitted students/students submitting fresh information)

Name of Student: _____ (STRN: _____)

It has come to our knowledge that your child has special needs/special educational needs (SEN)/academically low achievement (ALA), and we will provide him/her with support according to the 3-Tier Intervention Model.

The Education Bureau (EDB) has all along been providing schools with additional resources, professional support and teacher training to help them cater for students with SEN. With parental consent, schools have to submit information of students with special needs/SEN/ALA via the EDB's Special Education Management Information System (SEMIS), so that the EDB and the school may use such information for education purposes (e.g. for allocation of additional resources, provision of professional support, and compilation of statistics). Information of your child will only be used for such purposes.

We hereby seek your consent to having information of the special needs/SEN/ALA of your child recorded in SEMIS and updated on a need basis. Without your consent, the EDB and the school may not get hold of sufficient information for providing the support that your child needs. Under the Personal Data (Privacy) Ordinance, you have the right to request access to and update of your child's personal information, and to change your option. Please make your request to us if necessary.

Please complete the reply slip below and return it to us by 1st December, 2021.

Mr. Chim Hon Ming
Principal, CSSHK

To: CSSHK

Class No:()

Reply Slip for Notice on Submission of Information of Students with Special Educational Needs
2021-2022 No.090B

Name of Student: _____ (STRN: _____)

I acknowledge receipt of the notice on Submission of Information of Students with Special Educational Needs.

I give my consent for your school to input information of the special needs/special educational needs (SEN)/academically low achievement (ALA) of my child into the Special Education Management Information System (SEMIS) of the Education Bureau (EDB), and update such information on a need basis, so that the EDB and the school may use it for education purposes.

I do not give my consent for your school to input information of the special needs/SEN/ALA of my child into the EDB's SEMIS for the following reason(s):

My child does not need special educational support.

I have reservation about disclosing the SEN of my child.

Others: _____

Name of Student: _____

Class: _____

Name of parent: _____

Signature: _____

STRN: _____

Contact no. : _____

*Please tick the appropriate box.

01.12.2021 Man