



Chiu Sheung School, Hong Kong
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23rd May, 2022

Parental Consent Letter for Transfer of Information of Students with Special Educational Needs
2021-2022 No.146B

(To: P6 students proceeding to S1 through the Secondary School Places Allocation)

Dear _____'s parent/guardian,

Name of Student: _____ (STRN: _____)

Your child is going to proceed to secondary schooling. We hereby seek your consent for us to pass his/her information on special educational needs (SEN) (e.g. medical reports, assessment reports, summary of the support rendered, learning records and teaching strategy suggestions), together with your written consent, to his/her recipient secondary school, and for the Education Bureau (EDB) to transfer the relevant information (e.g. SEN type and tier of support required) to the secondary school via the EDB's Special Education Management Information System (SEMIS), so as to facilitate the school's early identification of his/her SEN and provision of appropriate support. The EDB will also provide support for the school accordingly. Please note that the transfer of such information will not affect the result for Secondary School Places Allocation of your child. Without your consent, the EDB and the school concerned may not get hold of sufficient information for providing the support that your child needs.

The information will only be used for the above-mentioned purposes. Under the Personal Data (Privacy) Ordinance, you have the right to request access to and update the related information, and to change your option of providing the information. If necessary, please make your request to the school that your child is attending.

Should you have any enquiries, please contact Ms. Mandy Tong or your child's class teacher. Please return the reply slip to the class teacher on or before 25th May, 2022.


Mr. Chim Hon Ming
Principal, CSSHK

Parental Consent Letter for Transfer of Information of Students with Special Educational Needs
2021-2022 No.146B

(To: P6 students proceeding to S1 through the Secondary School Places Allocation)

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

- ☐ I **give my consent** for your school to pass the information of the special educational needs (SEN) of my child together with this reply slip, to his/her recipient secondary school, and for the Education Bureau (EDB) to transfer his/her relevant information (e.g. SEN type and tier of support required) to the secondary school via the EDB's Special Education Management Information System (SEMIS), so that the EDB and the school concerned may use such information for educational purposes, which include facilitating the school's identification of his/her SEN and provision of appropriate support.
- ☐ I **do not give my consent** for your school to transfer the SEN information of my child to his/her recipient secondary school, and also **do not give my consent** for the EDB to transfer his/her relevant information to the secondary school via the 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: _____

Name of parent: _____

Class: _____

Signature: _____

STRN: _____

Contact telephone no.: _____

Please tick the appropriate box.

25-5-2022 Man