



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

4th July, 2022

Parental Consent Letter for Transfer of Information of Students with Special Educational Needs
2021-2022 No.171B

(To: Students going to switch to the special school)

Dear _____'s parent/guardian,

Name of Student: _____ (STRN: _____)

It has come to our knowledge that, your child is going to switch to the special school. 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 school, so as to facilitate the school's early identification of his/her SEN and provision of appropriate support.

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 6th July, 2022.


Mr. Chim Hon Ming
Principal, CSSHK

Parental Consent Letter for Transfer of Information of Students with Special Educational Needs
2021-2022 No.171B

(To: Students going to switch to special school)

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 special school, so as to facilitate the school's early 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 special school 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.

6-7-2022 Man