



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



11<sup>th</sup> September, 2023

Dear Parents/Guardians,

Matters concerning the Privacy and Portrait right of students 2023-2024 No.025B


(To: All students)

School life is fun and colourful. The school will regularly take photos or videos of various student activities and upload or publish the highlights on the school website, publications and social media or uses them for public sharing. The works of students in the school, including assignments, activity results and competition works may be selected and reproduced by the school for learning, teaching exchanges, publications or exhibitions, etc., to promote students' efforts and achievements.

In addition, to ensure the safety and security of students, CCTV cameras are installed in public areas of the school. School personnel must obtain the authorization or approval of the Principal before checking the CCTV.

In order to protect the personal data and privacy of students, the personal data collected and stored by the school will only be used for non-commercial purposes such as teaching experience exchange and promotion of the school. For this reason, the school hopes that parents will agree to allow the portrait of your child to appear in the above-mentioned educational activities, publicity and promotion. If parents do not agree to the adoption of their children's portraits, please indicate in the reply slip and the school will deal with it appropriately. If you have any questions, please contact Ms. Suzanne Leung, the vice principal for enquiries.

Please return the reply slip to the class teacher on or before 13<sup>th</sup> September. Thank you for your attention.

  
Mr. Chim Hon Ming  
Principal, CSSHK



To: CSSHK

Class No.:( )

Reply Slip for Notice on the Privacy and Portrait right of students 2023-2024 No.025B

I acknowledge receipt of the above notice and understand the content, and I

- ☐ agree my child's portrait to appear in the school's educational publicity and promotion.  
☐ do not agree my child's portrait to appear in the school's educational publicity and promotion.

Name of student: \_\_\_\_\_

Class: \_\_\_\_\_

Name of parent: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Please tick the appropriate box.

13-09-2023 Shan