

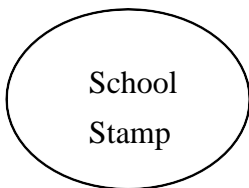
SAMPLE
Parental Consent Form
for Transfer of Information of Students with Special Educational Needs
(applicable to students going to switch to another primary/secondary school)

Dear Parent/Guardian of _____ (name of student),

It has come to our knowledge that, your child is going to switch to another primary/secondary 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, and for the Education Bureau (EDB) to transfer the relevant information of your child (e.g. SEN type and tier of support required) via Special Education Management Information System (SEMIS) to his/her recipient school, 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. 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.

Kindly complete the reply slip below and return it to us by _____ (date).



Signature of Principal: _____

Name of Principal: _____

Name of School: _____

Date: _____

Reply Slip

To: Principal of _____ (name of school)

I **give my consent** for your school to pass the information of the special educational needs (SEN) of _____ (name of student), together with this reply slip, to his/her recipient primary/secondary school, and for the Education Bureau (EDB) to transfer his/her SEN information (e.g. SEN type and tier of support required) to his/her recipient 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 _____ (name of student) to his/her recipient 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: _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Date: _____

[Please put a ✓ in the appropriate box(es).]