

SAMPLE

Parental Consent Form

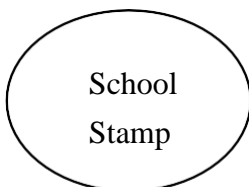
**for Transfer of Information of Students with Special Educational Needs
(applicable to secondary school leavers proceeding to local post-secondary institutions,
receiving vocational and professional education and training or studying other courses)**

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

Your child is about to pursue post-secondary education, receive vocational and professional education and training or study other courses. We hereby seek your consent for our school to transfer his/her information on special educational needs (SEN) (e.g. special examination arrangements, summary of the support rendered and medical reports) to his/her recipient institution/organisation via the Special Education Management Information System (SEMIS) of the Education Bureau so that the institution/organisation concerned understands his/her learning needs and provide appropriate support early. Please note that our school will arrange for the transfer of information only upon receiving the proof of admission to a local institution/organisation (e.g. admission notice, tuition fee receipt) provided by you. Although our school arranges for the above-mentioned information transfer, the student is still required to declare his/her SEN according to the requirements of individual institution/organisation. If you do not give consent for our school to arrange the transfer of the information, we encourage the student to make relevant declarations directly to the institution/organisation so that the institution/organisation can provide him/her with the necessary support.

Under the Personal Data (Privacy) Ordinance, you have the right to request access to and update the information, and to change your option of providing the information. Please send us such request if and when needed.

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)

Part I: To be completed by Parent/Guardian (mandatory)

I **give my consent** for your school to transfer the special educational needs (SEN) information of _____(name of student), together with this reply slip, to his/her recipient local institution/organisation via the Special Education Management Information System (SEMIS) of the Education Bureau for educational purposes, which include facilitating the institution/organisation to understand his/her learning needs and provision of appropriate support early.

I **do not give my consent** for your school to transfer the SEN information of _____(name of student) to his/her recipient local institution/organisation.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Contact number of Parent/Guardian: _____

Date: _____

Part II: To be completed by student (mandatory for students aged 18 or above with normal intelligence and are not mentally incapacitated)

I **give my consent** for your school to transfer my special educational needs (SEN) information, together with this reply slip, to my recipient local institution/organisation via the Special Education Management Information System (SEMIS) of the Education Bureau for educational purposes, which include facilitating the institution/organisation to understand my learning needs and provision of appropriate support early.

I **do not give my consent** for your school to transfer my SEN information to my recipient local institution/organisation.

[Please put a ✓ in the appropriate box.]

Signature of Student : _____

Name of Student : _____

Contact number of Student : _____

Date: _____