

通告 Notice

No. 20004: Transfer of Student Information on Special Educational Needs

		30 th August, 2020
Name of Student:	STRN:	
Dear Parents,		

We would like to seek your consent for

- 1. the primary school the above student is studying at, to register and update the relevant information of the student in the Special Education Management Information System (SEMIS) of the Education Bureau (EDB) which will use the information for educational purposes;
- 2. the primary school the above student is studying at, to transfer his/her relevant information on special educational needs (SEN) (such as medical reports, assessment reports, learning records and recommendations for learning and teaching and consent form completed below) to any recipient school(s), to which the student will be transferred or admitted, to facilitate the school in understanding the student's learning needs and arranging appropriate support for him/her;
- 3. the EDB to transmit the SEN information of the above student in SEMIS to the new recipient school(s) to which the student is allocated through the Secondary School Places Allocation (SSPA) to facilitate its understanding of the student's learning needs so that appropriate support can be arranged for him/her. In case the above student changes to another school after the SSPA exercise, the allocated school is required by the EDB to promptly delete the SEN information obtained through SEMIS; and
- 4. the new recipient school(s) to use the relevant information of the above student in the ways and for the purposes as stated in paragraphs 1-3 above.

This arrangement of transfer of information will apply whenever the above named student is transferred to a new school/allocated/admitted to secondary school. Please complete and return the reply slip to the class teacher by _____and call Ms. Chan Wai Kwan or Ms. Leung Ka Yan at 2577-5188 if you have any queries.

Li Sing Tai Hang School

Ms. Shirly Yip, the Principal



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* Delete whichever is inappropriate.

Reply Slip Transfer of Student Information on Special Educational Needs

Name	of Student:	Class:	_ STRN:	
I refer	Sing Tai Hang School. I have acknowl to your letter of nt / do not give my consent for:	•		
1.	the primary school my child is studinformation of my child in the Special (SEMIS) of the Education Bureau (ED	al Education Mar	nagement Information	
2.	the primary school my child is studying educational needs (SEN) (such as records and accommodations for leslip) to any recipient school(s), to what facilitate the school in understanding appropriate support for him/her;	medical reports, arning and teach	assessment reports, I ning and this complete be transferred or adm	earning ed reply itted, to
3.	the EDB to transmit the SEN inform recipient school(s) to which my chil Places Allocation (SSPA) to facilitate so that appropriate support can be an	ld is allocated th its understandin	rough the Secondary g of my child's learning	School
4.	the new recipient school(s) to use the and for the purposes as stated in part		•	ne ways
my cl under inform	erstand and agree that this arrangement hild is transferred to a new schoot stand that the allocated school is rec nation obtained through SEMIS in cas exercise.	l/allocated/admitt quired by the ED	ed to secondary sch B to promptly delete tl	nool. I ne SEN
Paren	t's Signature:	Date:		

Personal Information Collection Statement

You have a right to request access to or to request the correction of personal data in relation to the student under the Personal Data (Privacy) Ordinance. If you wish to exercise these rights, please contact the school your child is studying at to make such requests.