



# Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

Tel : 2386 8049

Fax : 2708 9950

Website : <https://lcu.edu.hk>

Email : [lcugps@edb.gov.hk](mailto:lcugps@edb.gov.hk)

**Special Notice: 175/2024-25**

16.6.2025

Dear Parent/Guardian,

**Parental Consent Form for Transfer of Information of Students with Special Educational Needs (applicable to Primary Six students proceeding to Secondary One through the Secondary School Places Allocation)**

Your child, \_\_\_\_\_ is going to proceed to secondary schooling. We hereby seek your consent for us to pass the information of the special educational needs (SEN) of your child (e.g. medical reports, assessment reports, summary of the support rendered, succinct learning records and teaching strategy suggestions), together with your written consent, to his/her recipient secondary school, and for the Education Bureau (EDB) to transfer the basic SEN information of your child (e.g. SEN type and tier of support required) recorded in the EDB's Special Education Management Information System (SEMIS) to the secondary school after the release of the results for Secondary School Places Allocation (SSPA), so that the EDB and the school concerned may use such information for educational purposes, which include facilitating the school's early identification of the SEN of your child and continued provision of appropriate support for your child. Please note that the transfer of such information will not affect the result for SSPA of your child. Without your consent, the EDB and the school concerned may not get hold of sufficient information for providing the support that your child needs.

Under the Personal Data (Privacy) Ordinance, you have the right to request access to and update of your child's personal information, and to change your option. 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 18.6.2025 (Wednesday).

(Ms CHUI Sau-man)  
Headmistress

Reply Slip

Parental Consent Form for Transfer of Information of Students with Special Educational Needs (applicable to Primary Six students proceeding to Secondary One through the Secondary School Places Allocation)

To: Headmistress,

Special Notice: 175/2024-25

Date: \_\_\_\_\_

I have read the Special School Notice No. 175/2024-25 dated 16.6.2025 and I fully understand its content.

☐ 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 secondary school, and for the Education Bureau (EDB) to transfer his/her basic SEN information (e.g. SEN type and tier of support required) recorded in the EDB's Special Education Management Information System (SEMIS) to his/her recipient secondary school, 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. His/her personal information will only be used for the above purposes.

☐ I **do not give my consent** for your school to transfer the SEN information of \_\_\_\_\_ (name of student) to his/her recipient secondary school, **and also do not give my consent** for the EDB to transfer his/her basic SEN information recorded in SEMIS to his/her recipient secondary 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: \_\_\_\_\_

Student's Name: \_\_\_\_\_ (STRN \_\_\_\_\_) Class: \_\_\_\_\_ ( )

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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