

**Secondary School Places Allocation (SSPA) 2024/2026**  
**Letter of Authorisation for Applying for the**  
**Application Form for Secondary One Discretionary Place**  
**(Only Applicable to Students NOT Participating in SSPA)**

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

To: School Places Allocation Section, Education Bureau

Owing to personal reason, I cannot apply for the Application Form for Secondary  
One Discretionary Place for SSPA 2024/2026 for the student-applicant  
\_\_\_\_\_ of identity document no. \_\_\_\_\_ at the  
*(student's name)*  
School Places Allocation Section in person.

I would like to authorise \*Mr/Miss/Ms \_\_\_\_\_ of  
identity document no. \_\_\_\_\_ to handle the related procedures on my  
behalf.

Parent/  
Guardian:

_____ (Name)	_____ (Identity document no.)
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_____ (Contact Tel. No.)	_____ (Signature)
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\* Delete whichever inappropriate