

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.)

_____ (Contact Tel. No.)

_____ (Signature)

* Delete whichever inappropriate