

為智障學生而設的高中應用學習調適課程 (20__ - __ 年度)
Senior Secondary Adapted Applied Learning Courses
for Students with Intellectual Disabilities (20__ - __ Cohort)

供學校存檔
To be retained by
SCHOOL

家長同意書
Parental Consent Form

個人資料收集聲明 Personal Information Collection Statement

收集個人資料的目的 Purpose of Collection

1. 你在本表格提供的個人資料，會供教育局用於以下一項或多項用途：

The personal data provided by you in this form will be used by the EDB for one or more of the following purposes:

- (a) 處理、核實、審核資格及查證各項補助和津貼，以及由教育局提供的教育服務的申請；
Activities relating to the processing, authentication and assessment on eligibility and counter-checking of application for individual grant and subsidy as well as education service provided by the EDB;
- (b) 就上文 (a) 項所述申請的處理、核實、審核資格及查證，將個人資料與政府相關政策局／部門資料庫進行核對；
Activities relating to matching of the personal data with the database of other relevant Government bureaux / departments in connection with the processing, authentication, assessment on eligibility and counter-checking of the application mentioned in (a) above;
- (c) 將個人資料與教育局資料庫進行核對，以核實／更新教育局的記錄；以及
Activities relating to matching of the personal data within the database of EDB for purposes of verifying / updating records of the EDB; and
- (d) 編製統計資料、研究及政府刊物。
Activities relating to compilation of statistics, research and Government publications.

2. 你必須按本表格的要求及於本局處理本表格的過程中提供個人資料。假如你沒有提供該等個人資料，本局可能無法辦理或繼續處理有關申請。

The provision of personal data required by this form and during the processing of this form is obligatory. In the event that you do not provide those personal data, we may not be able to handle or further process the application.

可獲轉移資料者 Classes of Transferees

3. 你提供的個人資料會供教育局人員取閱。除此之外，本局亦可能會向下列各方或在下述情況轉移或披露該等個人資料：

The personal data you provide will be made available to persons working in EDB. Apart from this, they may be transferred or disclosed to the parties or in the circumstances listed below:-

- (a) 政府其他政策局及部門，以用於上文第 1 段所述的用途；
other Government bureau and departments for the purposes mentioned in paragraph 1 above;
- (b) 與本表格相關的學校，以用於上文第 1 段所述的用途；
the school in which the form relates for the purposes mentioned in paragraph 1 above;
- (c) 受聘於教育局以提供服務或意見的人員、代理人、服務供應商或機構，以用於上文第 1 段所述的用途。
personnel, agent, service provider or organizations engaged by EDB to provide services or advice for purposes mentioned in paragraph 1 above;
- (d) 你曾就披露個人資料給予訂明同意；以及
where you have given your prescribed consent to such disclosure; and
- (e) 根據適用於香港的法例或法庭命令授權或規定披露個人資料。
where such disclosure is authorised or required under the law or court order applicable to Hong Kong.

查閱個人資料

4. 你有權要求查閱及更正教育局所持有關於你的個人資料。如需查閱或更正個人資料，請以書面向以下人士提出：

You have the right to request access to and correction of your personal data held by EDB. Request for access or correction of personal data should be made in writing to

教育局課程支援分部特殊教育需要組 Special Educational Needs Section, Curriculum Support Division, Education Bureau
電話 Tel: 2892 6524 傳真 Fax: 2573 5299 電郵 Email: scdosen@edb.gov.hk

學生個人資料 STUDENT PARTICULARS

學生姓名 (中文) _____ (英文) _____
Name of Student (Chinese) _____ (English) _____

學生編號
Student Reference Number (STRN)

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根據學校持有的學生個人資料，學生曾接受專家的智力評估，他/她的智力範圍屬於(請用✓表示)

According to the school's personal data record, the student was assessed and found to have (Please put a ✓)

- 輕度智障 中度智障 其他 (請註明)
Mild Grade Intellectual Disability Moderate Grade Intellectual Disability Others (Please specify) _____

學校名稱 _____ 班別 _____
School Name _____ Class _____

聲明 DECLARATION

本人已詳細閱讀及完全明白「個人資料收集聲明」，並同意所提供的學生個人資料可供學校及教育局作所列用途。

I have carefully read and fully understood all the contents of the 'Personal Information Collection Statement' and agreed that the student's personal data provided can be used by the school and the EDB for the stated purposes.

家長 / 監護人姓名
Name of Parent / Guardian

家長 / 監護人簽署
Signature of Parent / Guardian

日期
Date