陳瑞祺（喇沙）書院
九龍何文田常和街四號
電話：二七一一八一七五
傳真：二七六二一五五零

CHAN SUI KI (LA SALLE) COLLEGE
4 SHEUNG WO STREET, HOMANTIN,
KOWLOON, HONG KONG.
TEL : 27118175
FAX : 27621550

Circular No. 25007

1st September, 2025

Dear Parents/ Guardians,

Permission for Publication of Works, Videos or Photographs of Students

In our school, we often find it beneficial to take photographic or video records during important occasions and events. These records serve crucial purposes such as educating our students, promoting the positive image of our school, and advancing public education.

Thus, we would like to ask for your consent for the school to take photographs or videos of your son during school activities when necessary, and to publish these photographs, videos, and/or your son's work in school media. Please note that if published, the information may also be accessible to third parties.

In case you prefer not to grant this permission, please inform the school in writing by Friday 5th September, 2025. If we do not receive any opposing reply from you, we will regard it as your consent to the school regarding the above matter.

We appreciate your understanding and cooperation in this matter. For enquiries, please do not hesitate to contact the General Office at 2711 8175.

Yours faithfully,

Lee Po Chu Fiona
Principal

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通告編號: 25007

敬啟者：

學生作品、錄像或照片的發布許可

學校經常在重要場合和活動中拍攝照片或錄像。這些記錄的目的包括教育學生，提升學校的正面形象，以及推進公眾教育。

因此，懇請 閣下同意學校有需要時在學校活動中拍攝 貴子弟，並在學校媒體發布照片、錄像和/或 貴子弟的作品。請注意，發布的資訊有可能被第三方獲取。

如 閣下不同意，請於二〇二五年九月五日（星期五）或之前以信函通知學校。如在此日期前沒有收到 閣下的反對回覆，則視作已獲 閣下同意。

我們對 閣下在此事上的理解和合作表示感謝。如有疑問，歡迎致電校務處查詢(電話 : 2711 8175)。

此致
各家長

陳瑞祺（喇沙）書院校長
李寶珠 啟

二〇二五年九月一日

陳瑞祺（喇沙）書院
九龍何文田常和街四號
電話：二七一一八一七五
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Permission for Publication of Works, Videos or Photographs of Students
學生作品、錄像或照片的發布許可

Reply Slip 回條

Acknowledgement
I acknowledge the receipt of the above-captioned circular and agree to the publication of works, videos and photographs of my child. I will inform the school in writing by 5th September, 2025 if I do not agree to granting this permission.

聲明
本人知悉上述通告內容，並同意學校拍攝/發布本人兒子的照片、錄像或其作品。如本人不同意，本人會於二〇二五年九月五日（星期五）或之前以信函告知學校。

Name of Student: _____ Class: ____ No. (___)
學生姓名 班別 班號

Name of Parent/Guardian: _____
家長/監護人姓名
Parent's/Guardian's Signature: _____ Date: _____
家長/監護人簽署 日期