



Letter to Parents No.5 – 2020/21

Dear Parents/ Guardians,

**2020/21 September Notice (3)**

To have a better understanding of our school's measures and facilitate home-school co-operation, parents may read the following circulars in detail:

- a. Regulations on "Bring Your Own Device" (BYOD)
- b. Healthy School Programme with a Drug Testing Component

The reply slip should be duly completed and returned to the Class Teacher on or before 7.10.2020 (Wednesday).



Yours faithfully,

IU Kok-Kin  
Principal

The notice will be uploaded to our school website for your reference.

30.9.2020

**a. Regulations on “Bring Your Own Device” (BYOD)**

To enhance the effectiveness of learning and teaching and classroom interactions, our school is going to implement “Bring Your Own Device” (BYOD) to allow students to bring their own mobile computer devices to schools **for learning activities**.

If students would like to bring their own devices, please read through the Regulations (Attachment 1) and complete the attached reply slip. Students who would not bring devices need not return the reply slip.

For enquiries, please contact Mr. SHAM Tak-wa at 2476 2357.

**b. Healthy School Programme with a Drug Testing Component**

Through participating in diversified personal growth activities and voluntary school drug testing, Healthy School Programme aims at enhancing the physical and mental health and well-being of students, and fostering their resolve to refuse drugs.

Consent to Participation should be duly completed and returned to the Class Teacher. Should you have any queries, please contact Ms. CHING Ka-ying at 2476 2357.



Letter to Parents No.5– 2020/21

Reply Slip

To the Principal of Yuen Long Public Secondary School,

i) I, the parent of \_\_\_\_\_ ( \_\_\_\_\_ class)( \_\_\_\_\_ class no.), acknowledge the receipt of the following circulars:

- a. Regulations on “Bring Your Own Device” (BYOD)
- b. Healthy School Programme with a Drug Testing Component

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_.10.2020

\* Please put a ✓ in the appropriate

**Yuen Long Public Secondary School**  
**Regulations on "Bring Your Own Device" (BYOD)**

1. If students would like to bring a mobile device (tablet or notebook) to school, please register in advance.

**Please complete and return the following form to the Class Teacher.**

2. Students shall use the device **for learning purpose only.**

3. The school will provide students with a WiFi network for learning purpose.

4. Students shall comply with teachers' instructions.

5. Students are responsible for taking care of their own device and labelling the device for identification. The school shall not be held liable if students' device is stolen, damaged or lost.

6. The school is not obligated to provide hardware or technical support for the device.

7. Students must ensure the operating system and all software of the device hold legal and appropriate licenses.

8. Accessing, storing or sending any material that is offensive, obscene, pornographic, threatening, abusive or defamatory is strictly prohibited.

9. Students must not copy, send or forward any copyright protected material without the permission of the copyright owner.

10. Students' use of the Internet **may be recorded** and under investigation of any misuses.

11. The school will collect and check students' device regularly to ensure the device is used for learning purpose.

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 Information of the mobile device:

Type of mobile device	
Device Serial No.	
Device MAC Address	

(Note: If you do not know how to look up the MAC Address, bring your device to Room307A, our Computer Technicians will assist you.)

(Please put a ✓ in the box below) -----

I hereby accept the regulations on "Bring Your Own Device" and shall abide by them

Student Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Class (Class No.): \_\_\_\_\_ ( \_\_\_\_\_ )

Student's Signature: \_\_\_\_\_

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

I hereby accept the regulations on "Bring Your Own Device" and shall ensure my child observe them closely.

Parent/Guardian Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

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

**To locate the MAC Address of your iPad, iPhone or iPod Touch, follow these steps:**

1. Tap "Settings"
  2. Select "General"
  3. Select "About"
  4. The **MAC address** is listed as **Wi-Fi Address**.
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**To find the MAC address of your Android phone or tablet:**

1. Press the Menu key and select Settings.
  2. Select Wireless & networks or About Device.
  3. Select Wi-Fi Settings or Hardware Info.
  4. Press the Menu key again and choose Advanced. Your device's wireless adapter's **MAC address** should be visible here.
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**CONSENT TO PARTICIPATION**  
**Participation in School Drug Testing Scheme (Scheme)**

**School Year 2020 - 2023**

**To:** Principal, Yuen Long Public Secondary School

We, the undersigned student (the student) and parent/guardian, acknowledge receipt of a copy of the Protocol of the Scheme. We have read and understood the Protocol and the contents of this consent form.

**Drug Testing**

We hereby consent and undertake to provide a hair specimen of the student to be collected and tested for the presence of illicit drugs, if so requested under the Scheme for the school year **2020-2023**.

**Support Programme**

We hereby consent and undertake to join the support programme under the Scheme, if the above drug testing returns a positive result, or if the student refers himself/herself to the support programme.

**Collection, Use and Release of Personal Data**

We understand that our personal data (including drug testing results of the student) will be collected by and/or released to the following concerned parties mentioned in Chapter 3 of the Protocol on a confidential and need-to-know basis and only for the purposes of the Scheme –

1. relevant staff of the designated Non-governmental Organisation, the School Drug Testing team, and the staff of the relevant Counselling Centre for Psychotropic Substance Abusers which will render follow-up service to the student upon any positive test result or upon self-referral;
2. the school social worker of Yuen Long Public Secondary School ;
3. the school principal or any school staff designated to act on his behalf, the class teacher of the student, and any other teacher if so suggested by the student of Yuen Long Public Secondary School;
4. the school project assistant;
5. the student's parents/guardians; and
6. relevant staff<sup>#</sup> of Yuen Long Public Secondary School assigned by the school principal to facilitate selected students' attendance to the specimen collection site for drug testing and other necessary clerical work for the Scheme.

*<sup>#</sup> These staff will not be informed of the drug testing results of the student.*

We understand we may request access to and correction of our personal data under the Personal Data (Privacy) Ordinance (Cap. 486 Laws of Hong Kong), and that any such request to you may be made at the address and telephone number provided in the note below.

We also understand that (a) we may withdraw the above consent and undertaking at any time by written notice to you, and (b) the parent/guardian will be informed if the student gives a notice of withdrawal, refuses to provide a specimen of hair for drug test under the Scheme, or otherwise refuses to continue participation in the Scheme.

We hereby agree to give the above consent and undertaking to participate in the Scheme on a voluntary basis.

We do not wish to participate in the Scheme.

*{Please select and tick ONE of the two boxes above.}*

Parent's/Guardian's* Name (Block Capitals)	Signature	Date
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Student's Name (Block Capitals)	Signature	Date
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Class and Class No.

Contact telephone number of Parent/Guardian\*: \_\_\_\_\_

*\*Delete as appropriate*

For the purposes of the Scheme, I consent to my drug testing results being disclosed to my parents/guardians, and this consent has been read over to me by you on 11th Sept., 2020.

Student's Name (Block Capitals)	Signature	Date
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**Notes:**

1. Exclusion – students who are currently subjected to supervision under the law, such as probation order, community service order, supervision order or a suspended sentence shall not participate in the Scheme.

2. Contact information of Mr Iu Kok Kin is

[School address: 22 Town Park Road South, Yuen Long, NT; Telephone number: 2476 2357].



家長通函第 5 號 – 2020/21

敬啟者：

**2020/21 學年九月份學校安排須知 (三)**

為讓家長更了解學校各項措施及促進家校合作，請家長詳閱下列通告：

- a. 「自攜裝置」(BYOD) 學生守則
- b. 包含校園測檢的「健康校園計劃」

請家長填妥「家長綜合回條」，並著 貴子弟於 2020 年 10 月 7 日 (星期三) 或以前交予  
班主任。

此致

各位家長



元朗公立中學校長  
余國健謹啟

上述通告將上載至本校網頁，歡迎家長瀏覽。

2020 年 9 月 30 日



#### **a. 「自攜裝置」(BYOD) 學生守則**

為提升學與教的效能，加強課堂互動，本校將推行學生「自攜裝置」政策，讓學生攜帶個人的流動電腦裝置回校參與學習活動。

如學生有意自攜裝置回校，請細閱學生守則（附件一），並簽妥回條。如無意自攜裝置，則不用交回回條。

如有查詢，請致電 2476 2357 聯絡岑德華老師。

#### **b. 包含校園測檢的「健康校園計劃」**

透過多元化個人成長活動及學生自願參與的校園測檢兩大元素，健康校園計劃可以促進學生身心健康發展，鞏固他們遠離毒品的決心。

請家長回覆是否參與計劃（附件二）。如有查詢，請致電 2476 2357 聯絡程嘉瑩老師。



家長通函第 5 號 – 2020/21

家長綜合回條

敬覆者：

**甲部.** 本人為\_\_\_\_\_ (\_\_\_\_班) (\_\_\_\_號) 之家長，已知悉下列通告詳情：

- a. 「自攜裝置」(BYOD) 學生守則
- b. 包含校園測檢的「健康校園計劃」

此覆

元朗公立中學校長

家長簽署：\_\_\_\_\_

家長姓名：\_\_\_\_\_

2020 年 10 月 \_\_\_\_\_ 日

**元朗公立中學**  
**「自攜裝置」學生守則**

1. 學生如要攜帶流動裝置（包括平板電腦及手提電腦）回校，必須預先登記。請填寫以下表格，並交予班主任。
2. 學生攜帶回校的流動裝置只用作學習用途。
3. 學校會為學生提供 WiFi 網絡，惟只作學習用途。
4. 學生只能在教師的指示和監督下使用平板電腦。
5. 學生須負責保管自己的平板電腦，並在上面作出標記。如有遺失損壞，本校概不負責。
6. 學校不提供任何裝置的硬件或技術支援。
7. 學生須確保所有流動裝置的程式及軟件經合法途徑下載。
8. 嚴禁登入、儲存、下載任何令人反感、淫穢、色情、威脅性、辱罵或誹謗的資料。
9. 未經版權擁有者的許可，學生不得複製、發送或轉發任何受版權保護的材料。
10. 學生使用互聯網的紀錄可能會被記錄，如有任何濫用情況，學校將進行調查。
11. 學校會定期收集及檢查學生的流動裝置，以確保裝置只用作學習用途。

流動裝置的資料：

流動裝置類型	
流動裝置序列編號	
MAC 位址（卡號）	

（註：如學生不會查看 MAC 位址，請帶同裝置到 307A 室尋求電腦技術員的幫助。）

（請於適當  填上✓）

我明白及遵守上述「自攜裝置」守則。

學生姓名：\_\_\_\_\_

電話號碼：\_\_\_\_\_

班別（學號）：\_\_\_\_\_（\_\_\_\_\_）

學生簽署：\_\_\_\_\_

日期：\_\_\_\_\_

本人明白上述「自攜裝置」守則，並會確保子女遵守有關守則。

家長／監護人姓名：\_\_\_\_\_

家長／監護人簽署：\_\_\_\_\_

電話號碼：\_\_\_\_\_

日期：\_\_\_\_\_

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**參與同意書**  
**參加校園測檢（下稱“測檢”）**

**2020 - 2023 學年**

致：元朗公立中學余國健校長

我們為下方簽署學生（下稱“學生”）及家長／監護人，知悉校方已把「校園測檢計劃」的守則上載學校內聯網。我們已經閱讀並明白守則和本同意書的內容。

**測檢**

我們現同意並承諾，在 2020-2023 學年內，就本計劃提出的要求，提供學生的頭髮樣本，以供收集和測試是否含有違禁藥物。

**支援計劃**

我們現同意並承諾，如上述測檢結果呈陽性反應，或在學生自行轉介的情況下，參加本計劃下設立的支援計劃。

**收集、使用和披露個人資料**

我們明白，我們的個人資料（包括學生的測檢結果），會以保密形式及只在必須知悉的情況下，並只為測檢的目的，由守則第 3 章所述下列相關人士收集及／或向下列相關人士披露：

1. 指定非政府機構的有關工作人員，校外專責隊伍，以及獲指派處理測試結果呈陽性或自行轉介學生的相關濫用精神藥物者輔導中心的工作人員；
2. 元朗公立中學的學校社工；
3. 元朗公立中學的相關教職員，即校長或任何代表校長行事的指定教職員、學生的班主任和學生建議的其他老師；
4. 學校計劃助理；
5. 學生的家長／監護人；以及
6. 由元朗公立中學校長指派的有關工作人員<sup>#</sup>，協助帶領被抽中的學生前往測檢地點及處理與本計劃相關的文書工作。

<sup>#</sup>有關工作人員將不會獲知學生的測檢結果。

我們明白，我們可根據《個人資料（私隱）條例》（香港法例第 486 章）要求查閱和更正個人資料。有關要求可按下文備註所載地址和電話號碼，以郵寄方式或致電向你提出。

我們也明白—

- (a) 我們可隨時以書面通知你，撤回上述同意和承諾，以及  
 (b) 如學生通知撤回同意，拒絕提供頭髮樣本作測試，或以其他方式拒絕繼續參加本計劃，家長／監護人會獲通知。

我們現確認給予上述同意並承諾自願參加本計劃。

我們不擬參加本計劃。

{請選擇其中一項，並在方格內加上✓號}

家長／監護人姓名 (請用正楷書寫)	簽署	日期
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學生姓名 (請用正楷書寫)	簽署	日期
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班別及學號

家長／監護人\*聯絡電話號碼: \_\_\_\_\_

\* 請刪去不適用者

就本計劃的目的，我同意將我的測檢結果披露予我的家長／監護人。此同意聲明，已於2020年9月11日由校長向我宣讀。

學生姓名 (請用正楷書寫)	簽署	日期
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**備註:**

1. 豁除 — 現正受法律監管，例如受感化令、社會服務令、監管令或緩刑監管的學生，不得參加本計劃。
2. 余國健校長的聯絡資料

[地址：元朗公園南路二十二號，聯絡電話：2476 2357]