

Referral for Home-based Teaching Programme
for Compulsory School-age Children who are
Home-bound for Health Reasons

To: Senior Inspector
Special Education Support 2 Section (SES2)
Room 201, East Block, Education Bureau,
Kowloon Tong Special Education Services Centre, 19 Suffolk Road, Kowloon Tong.
(Fax: 2760 4191)

Date: _____
Ref. No. _____

Name: _____ Sex: _____
Date of birth: _____ Tel. No: _____
Address: _____

Parent's /Guardian's Name: _____
Relationship with child: _____ Contact Tel. No.: _____
School attending: _____ Level: _____ (20 /20)

I hereby certify that the above-named child is unsuitable for school attendance due to health reasons but he/she is suitable for the Home-based Teaching Programme for Compulsory School-age Children who are Home-bound for Health Reasons.

2. Medical diagnosis of the child is as follows:

3. Estimated duration of leave from school as warranted by his health condition:
_____ (months)

Assessed by Medical Officer

Signature: _____
Name: _____
Hospital: _____
Tel. No.: _____
Fax. No.: _____