

**If you are under 18 year old, you are required to submit:**

**- Attachment 3 (p.8) : parent consent letter**

**- A passport copy of your parent (the page shows personal particular & signature)**

**Attachment 3  
Sample of parent consent letter**

Authorization for Guardianship of Minor

TO: Director of Immigration, Immigration Department

The Government of the Hong Kong Special Administration Region

I, \_\_\_\_\_ ***your parent name*** \_\_\_\_\_ (Passport number: ***A1234567*** \_\_\_\_\_ ;  
Date of Birth: ***DD/MM/YYYY*** \_\_\_\_\_ ), parent of \_\_\_\_\_ ***your name*** \_\_\_\_\_ (Passport  
number: ***A987654*** \_\_\_\_\_ ; Date of Birth: ***DD/MM/YYYY*** \_\_\_\_\_ ) hereby to let my  
son/daughter \_\_\_\_\_ ***your name*** \_\_\_\_\_ to study at The Education  
University of Hong Kong for \_\_\_\_\_ ***full name of your programme*** \_\_\_\_\_ and  
appoint the representative of The Education University of Hong Kong to be the  
guardian of my son/daughter during his/her course of study in Hong Kong.

I fully understand and agree that:

- The Education University of Hong Kong shall not be deemed to have assumed any parental responsibilities of the above name child, and I, as the parent of the above name child, shall remain to have physical and/or legal custody of my son/daughter and shall continue to perform all duties as the parent of my son/daughter;
- The role of the The Education University of Hong Kong, as a guardian of my son/daughter, shall only be the contact person between myself and the Immigration Department of The Government of the Hong Kong Special Administration Region;
- The Education University of Hong Kong would not hold any liable or responsibility for my son/ daughter living expenses and any acts or omission of my son/daughter during his/her course of study and stay in Hong Kong.

***Signature (by hand)***

(Parent's signature)

***DD/MM/YYYY***

(Date)

**The Education University of Hong Kong**

(Name of the authorized guardian and school chop)

(Date)

## Authorization for Guardianship of Minor

TO: Director of Immigration, Immigration Department  
The Government of the Hong Kong Special Administration Region

I, \_\_\_\_\_ (Passport number: \_\_\_\_\_;  
Date of Birth: \_\_\_\_\_), parent of \_\_\_\_\_  
(Passport number: \_\_\_\_\_; Date of Birth: \_\_\_\_\_) hereby to  
let my son/daughter \_\_\_\_\_ to study at The Education  
University of Hong Kong for \_\_\_\_\_  
and appoint the representative of The Education University of Hong Kong to be  
the guardian of my son/daughter during his/her course of study in Hong Kong.

I fully understand and agree that:

- The Education University of Hong Kong shall not be deemed to have assumed any parental responsibilities of the above name child, and I, as the parent of the above name child, shall remain to have physical and/or legal custody of my son/daughter and shall continue to perform all duties as the parent of my son/daughter;
- The role of the The Education University of Hong Kong, as a guardian of my son/daughter, shall only be the contact person between myself and the Immigration Department of The Government of the Hong Kong Special Administration Region;
- The Education University of Hong Kong would not hold any liable or responsibility for my son/daughter living expenses and any acts or omission of my son/daughter during his/her course of study and stay in Hong Kong.

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Name of the authorized guardian and school chop)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)