

**Tung Chung Catholic School**



**東涌天主教學校**

8 Yat Tung Street, Yat Tung Estate, Tung Chung, NT

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**六月份通告十**  
**問卷調查家長同意書**

香港中文大學天主教研究中心和香港恒生大學社會科學系正在就去年六月爆發的「反修例」運動進行研究調查，旨在了解現時年青人參與運動的程度和對「寬恕」、「正義」、和「修和」等概念的看法和意見。經隨機抽選後，貴子女的班別被選中為研究對象。在徵得閣下同意後，貴子女將於課堂中填寫由本中心設計的問卷。貴子女提供的資料將會一概受到嚴密保護，並且只會作學術研究之用。請填寫以下之同意書讓本中心知悉閣下是否願意讓貴子女參與是次問卷調查。如你對我們的研究有任何疑問，歡迎隨時致電（61277520，趙純淦先生）我們查詢。

以上通告  
全校家長/監護人

校長

陳珮珊謹啟

校長

林志江謹啟

二零二零年六月二十二日

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回 條(六月份通告十/問卷調查家長同意書)  
(請於 6 月 26 日前簽回)

本人 ☐ 已詳閱六月份通告十及知悉有關安排。 / ☐ 對本通告有不明白的地方，並欲提出意見：

本人 ☐ 同意 讓子女參加是次問卷調查。

☐ 不同意 讓子女參加是次問卷調查。

學生姓名：\_\_\_\_\_ 班 別：\_\_\_\_\_ 學號：\_\_\_\_\_

家長/監護人簽署：\_\_\_\_\_ 家長/監護人姓名：\_\_\_\_\_ 日期：\_\_\_\_\_



**10<sup>th</sup> Notice for June**  
**Parental consent form**

22<sup>nd</sup> June, 2020

Dear Parents/Guardians,

The Centre for Catholic Studies, CUHK and The Hang Seng University of Hong Kong is holding a research project on reconciliation in Hong Kong in the context of the anti-extradition bill movement which has broken out since June 2019. The project aims at understanding teenagers' level of participation and how they perceive "reconciliation, forgiveness and justice".

Your son / daughter has been chosen as a participant to help in this study under random sampling. Your son / daughter will be assigned a questionnaire to fill in during a lesson. All personal information provided by students will be kept confidentially by the CUCCS. All statistical data collected from the survey will be used for academic publication and academic presentation only. Please fill in the parental consent form below. If you have any question about the survey, please feel free to contact us by phone (61277520, Mr. Joshua Chiu).

Yours sincerely,

*Lutgardis*

Ms. Chan Pui Shan  
Principal

*Mr. Lam*

Mr. Lam Chi Kong  
Principal

**Reply Slip (10<sup>th</sup> Notice for June/ Parental consent form)**  
**(Please return the notice before 26/6/2020)**

- ☐ I have read this notice and have no queries.  
☐ I have some queries about this notice and wish to express my view:

- ☐ I hereby agree to grant permission to my son / daughter in participating in the survey.  
☐ I hereby disagree to grant permission to my son / daughter in participating in the survey.

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

Class : \_\_\_\_\_

Class number: \_\_\_\_\_

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

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

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