致 ：學生資助辦事處(幼稚園及幼兒中心學費減免組)
Student Financial Assistance Agency (Kindergarten and Child Care Centre Fee Remission Section)

更改通訊地址/住址通知書
NOTIFICATION OF CHANGE OF CORRESPONDENCE/RESIDENTIAL ADDRESS

學年 School Year : 2009/2010

請將填妥之表格交回本辦事處(新界葵涌興芳路 166-174 號葵興政府合署 7 樓 713-714 室)或以圖文傳真至 25985486 / 25111148。 如有查詢，請致電 2154 2130。
Please complete and return this form to our Agency at Room 713-714, 7/F, Kwai Hing Government Offices, 166-174 Hing Fong Road, Kwai Chung, N.T., or by fax to 2598 5486 / 2511 1148. For enquires, please call 2154 2130.

學生中文姓名
Name of Pupil in Chinese : _____

學生英文姓名
Name of Pupil in English : _____

香港出生證明書號碼
HK. Birth Certificate No. : _____

申請表編號
Serial No. : _____

就讀學校名稱
School Attending : _____

英文通訊地址
CORRESPONDENCE ADDRESS

為方便資料處理，請用英文正楷填寫。
Please use BLOCK letters for data processing.

Flat (室) ☐☐☐☐☐ Floor (樓) ☐☐☐ Block (座) ☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*[1] HK(港島區) *[2] KLN (九龍區) *[3] NT (新界及離島區)

* 請圈適當格子。
* Please circle the appropriate box.

住址
RESIDENTIAL ADDRESS

如與通訊地址相同，不用填寫。
Please leave blank if it is the same as the correspondence address.

_____

_____

_____

_____

申請人簽署
Signature of Applicant : _____

申請人姓名
Name of Applicant : _____

日期
Date : _____