

致：新界葵涌興芳路 166-174 號  
葵興政府合署 7 樓 713-714 室  
學生資助辦事處  
幼稚園及幼兒中心學費減免組

傳真號碼：2598 5486/ 2511 1148

**2008/09 年度幼稚園及幼兒中心學費減免計劃**  
**書面聲明**

學生姓名：\_\_\_\_\_

香港出生證明書號碼：\_\_\_\_\_ 申請編號：\_\_\_\_\_

幼稚園/幼兒中心名稱：\_\_\_\_\_

我現在補交下列聲明：

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本人謹此聲明，以上資料均屬完整真確。

申請人簽署：\_\_\_\_\_

申請人姓名：\_\_\_\_\_

日 期：\_\_\_\_\_

To: Kindergarten and Child Care Centre Fee Remission Section  
Student Financial Assistance Agency  
Room 713-714, 7/F, Kwai Hing Government Offices,  
166-174 Hing Fong Road, Kwai Chung, N.T.

Fax No.: 2598 5486/ 2511 1148

**Kindergarten and Child Care Centre Fee Remission 2008/09**  
**Declaration**

Name of Pupil: _____	
HK Birth Certificate No.: _____	Application No.: _____
Name of Kindergarten/Child Care Centre: _____	

**I enclose the following declaration:**

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**I declare that the above information is true and complete.**

**Signature of Applicant:** \_\_\_\_\_

**Name of Applicant** : \_\_\_\_\_

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