



學生資助辦事處
幼稚園及幼兒中心學費減免「社會需要」審查表格 (2009/10)

Please see overleaf for the English version of this form.

此表格只適用於 2009/10 學年就讀/轉讀全日班學生的申請。
填寫此表格前，請細閱「幼稚園及幼兒中心學費減免申請指引」第二頁第 4 項。

第一部 申請學生資料

請 刪除 不適用者

現在就讀學校名稱 _____

申請學生姓名 _____

香港出生證明書號碼/
旅遊證件號碼 # _____

第二部「社會需要」審查資料

申請人必須 1、 2、 3 或 4 其中一項。如選擇 3，請從中再圈上適當的格子，並提交有關證明文件。

- 1 申請學生就讀的幼稚園全日制班級全年學費低於學券的資助(2009/10 年全年為 12,000 元)，以致持學券的家長可用學券資助抵銷學費的全數。(請直接到第三部「聲明」。)
- 2 申請學生的兄/弟/姊/妹已遞交 2009/10 學年「社會需要」審查表格 (SFAA 235) 及有關證明文件。(請直接到第三部「聲明」。)
- 3 申請學生於 2009/10 學年須就讀全日班及申請全日班學費資助的原因是：(請 適當格子，並提交有關證明文件。)

社
會
需
要
審
查
準
則

- A. 第一類：
- a 因父母雙方在職，其中一方從事全職工作（即每月工作 120 小時或以上）及 另一方需每月工作 104 小時或以上，以致申請學生未能在家中得到適當的照顧。
- B. 第二類： 申請學生的父母為長期病患者、殘疾人士或需長期住院接受治療：
- a 申請學生的父/母正留院並可能需要長期住院接受治療，或於出院後仍需一段長時間才能康復；
- b 申請學生的父/母健康欠佳，例如患有癌病、腎病、肺結核或心臟病等；
- c 申請學生的父/母是肢體殘疾人士、智障人士或精神病患者。
- C. 第三類： 申請學生來自單親或破碎家庭：
- a 申請學生的父/母為鰥寡、離婚、分居或被遺棄人士；
- b 申請學生是非婚生子女，並且非由父母共同照顧；
- c 由親戚照顧的孤兒/半孤兒。
- D. 第四類： 申請學生本身需要全日照顧：
- a 申請學生是輕度智障或肢體輕微殘疾並正接受兼收服務(此類個案通常由醫護人員轉介)；
- b 申請學生是雙胞胎或三胞胎的成員；
- c 申請學生是虐兒個案的受害者；
- d 申請學生的父/母為藥物濫用者、酗酒人士或年紀老邁，而被認為未能為申請學生提供妥善的照顧；
- e 申請學生的父/母/監護人因坐牢或其他合理理由需長時間離家。
- E. 第五類： 因其他家庭成員的特別情況，申請學生需要全日照顧：
- a 申請學生的父母需照顧其他殘疾、智障、長期病患、年逾 70 或未能自我照顧的家庭成員。該名需接受照顧的家庭成員姓名是 _____，與申請人的關係是 _____。
- F. 第六類： 申請學生來自大家庭：
- a 申請學生有兩個或以上的兄弟姊妹（其中最少要有兩名六歲以下的兒童在家中接受照顧；這兩名兒童不能通過「社會需要」審查）；
- b 家中有四個或以上年齡在十二歲以下的兒童（其中最少要有三名兒童在家中接受照顧；這三名兒童不能通過「社會需要」審查）。
- G. 第七類： 由社工推薦的特別個案：
- a 由社工轉介或推薦就讀全日班的申請學生。

- 4 本人家庭並不屬於上述第 3 項的任何類別，因此未能符合貴處「社會需要」審查的準則，但仍希望繼續申請半日班的學費資助(只適用於就讀幼稚園的幼兒/低/高全日班學生)。

第三部 聲明：本人謹此聲明，以上資料均屬完整真確。

申請人姓名 _____ 申請人簽署 _____ 日期 _____

(申請人可將填妥的「社會需要」審查表格 (SFAA 235) 及證明文件放在信封內密封，經幼稚園/幼兒中心轉交本辦事處。)

由本組填寫

SN	1	2	A	B	C	D	E	F	G	4	N	AS	6						
----	---	---	---	---	---	---	---	---	---	---	---	----	---	--	--	--	--	--	--



STUDENT FINANCIAL ASSISTANCE AGENCY

'Social Needs' Assessment Form

for Kindergarten and Child Care Centre Fee Remission (2009/10)

申請人如有需要，請參閱載於本表格背頁的中文版本。



Only applicable to student-applicants attending/changing to whole-day class in the 2009/10 school year.

Please read item 4 of page 2 in the 'Guidance Notes on Application for Kindergarten and Child Care Centre Fee Remission' carefully before completing this form.

PART I Particulars of student-applicant

#Please delete as appropriate

Name of Present School _____

H.K. Birth Certificate No./

Name of Student-applicant _____ Travel Document No.# _____

PART II Information on 'Social Needs' Assessment

The applicant must circle 1, 2, 3 or 4. If item 3 is chosen, please also circle the appropriate box under item 3 and submit the relevant supporting documents.

1 The annual tuition fee for whole-day class of the kindergarten the student-applicant is attending is below the fee subsidy from the Pre-primary Education Voucher (\$12,000 for the 2009/10 school year) and hence parents holding voucher can use the subsidy from voucher to offset entirely the tuition fee. (Please proceed to Part III 'Declaration' directly.)

2 The student-applicant's sibling has submitted the 'Social Needs' Assessment Form (SFAA 235) for the 2009/10 school year and the relevant documents. (Please proceed to Part III 'Declaration' directly.)

3 The student-applicant has to attend whole-day class and apply whole-day class fee remission for the 2009/10 school year because: (Please circle the appropriate box and submit the relevant supporting documents.)

- SOCIAL NEEDS ASSISTANCE AGENCY
A. Category (1) : a Student-applicants who cannot receive proper care at home as a result of both parents being in employment, with one parent working full-time (i.e. for at least 120 hours per month) and the other working 104 hours or more in a month.
B. Category (2) : Student-applicants whose parents are chronically ill, disabled, or under long-term hospital care : a Student-applicants with a parent in hospital who is likely to require long-term hospitalization, or long period of convalescence after discharge; b Student-applicants with a parent suffering from ill health, such as carcinoma, kidney disease, tuberculosis, venous cardiac disease, etc; c Student-applicants with a parent who is physically, or mentally handicapped or mentally ill.
C. Category (3) : Student-applicants of single-parent families or student-applicants from broken families : a Student-applicants whose parents are widowed, divorced, separated or deserted; b Student-applicants of unmarried parents, i.e. born out of wedlock, not under the care of both parents; c Orphans/semi-orphans under the care of relatives.
D. Category (4) : Student-applicants themselves having a need for full-day care : a Moderately mentally handicapped student-applicants and those having a slight physical handicap admitted under the Integrated Programme (cases usually referred by medical staff); b Student-applicants being members of twins and triplets etc; c Student-applicants who are victims of child abuse; d Student-applicants with a parent who is a drug abuser, or alcoholic or is aged, and is considered as being unable to exercise proper care of the student-applicants; e Student-applicants with a parent or guardian who is in prison or has to be absent from home for long periods with valid reason.
E. Category (5) : Student-applicants considered to be in need of whole day care because of special conditions of other family members: a Student-applicants with parents who have to take care of a family member who is physically or mentally handicapped, chronically ill, senile, aged (over 70), or incapable of self-care. The name of the family member who has to be taken
F. Category (6) : Student-applicants from large families : a Student-applicants with two or more siblings (at least two children aged below 6 must receive care at home, they would not qualify for 'Social Needs' assessment) ; b Student-applicants from families with four or more children aged below 12 (at least three children must receive care at home; they would not qualify for 'Social Needs' assessment).
G. Category (7) : Other cases recommended by social workers : a Any student-applicant referred and recommended for whole-day class by social workers.

4 Although my family cannot meet the 'Social Needs' requirements of your Agency because none of the Categories under item 3 above applies to us, I still want to apply for half-day class fee remission (only applicable to student-applicant attending Nursery/Lower/Upper whole-day class in kindergarten).

PART III Declaration : I declare that the above information is true and complete.

Name of Applicant _____ Signature of Applicant _____ Date _____

(The Applicant can choose to enclose the completed 'Social Needs' Assessment Form (SFAA 235) and the supporting documents in a sealed envelope for submission to the Agency through the school concerned.)

For Office Use

Table with columns for SN, 1, 2, A, B, C, D, E, F, G, 4, N, AS, 6, and several empty cells.