



此表格只適用於 2008/09 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

申請人必須圈 1、2、3 或 4 其中一項。

- 1 申請學生曾於 2005 年 8 月接受「幼稚園學費減免計劃」的全日班學費資助。(請直接到第三部「聲明」。)
- 2 申請學生的兄/弟/姊/妹已遞交 2008/09 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 2008/09 學年須就讀全日班及申請全日班學費資助的原因是:(請 圈 適當格子，並提交有關證明文件。)

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- A. 第一類：
 - a 因父母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姐妹(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」)；
 - 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」)。
- G. 第七類： 由社工推薦的特別個案：
 - a 由社工轉介或推薦的申請學生。

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

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STUDENT FINANCIAL ASSISTANCE AGENCY
'Social Needs' Assessment Form
for Kindergarten and Child Care Centre Fee Remission (2008/09)

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 2008/09 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

Name of Student-applicant _____

No./

Travel Document No.# _____

PART II Information on 'Social Needs' Assessment

The applicant must circle **1**, **2**, **3** or **4**.

1 The student-applicant was a recipient of whole-day class fee remission under the Kindergarten Fee Remission Scheme in August 2005. (Please proceed to Part III 'Declaration' directly.)

2 The student-applicant's sibling has submitted the 'Social Needs' Assessment Form (SFAA 235) for the 2008/09 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 2008/09 school year because: (Please **circle** the appropriate box and submit the relevant supporting documents.)

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A. Category (1) :

a Student-applicants who cannot receive proper care at home as a result of 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 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

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