



此表格只適用於 0 至 3 歲幼兒中心／幼稚園暨幼兒中心組別全日班學費減免的申請。

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(2011/12)」。

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] 或 [2] 其中一項。如選擇 [2]，請從中再圈上適當的格子，並提交有關證明文件。

[1] 申請學生的兄/弟/姊/妹已遞交 2011/12 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」。)

[2] 申請學生的家庭於 2011/12 學年的「社會需要」屬 - (請 圈 適當格子，並提交有關證明文件。)

社會需要審查標準

- 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」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  由社工轉介及推薦就讀全日班的申請學生。

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 \_\_\_\_\_

(申請人可選擇將填妥的「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	A	B	C	D	E	F	G	N	AS	6								
----	---	---	---	---	---	---	---	---	---	----	---	--	--	--	--	--	--	--	--



**STUDENT FINANCIAL ASSISTANCE AGENCY**  
**‘Social Needs’ Assessment Form**  
**for Kindergarten and Child Care Centre Fee Remission (2011/12)**

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 **whole-day** fee remission application from children aged between 0 and 3 attending child care centre or kindergarten-cum-child care centre.

Please read the ‘Guidance Notes on Application for Kindergarten and Child Care Centre Fee Remission (2011/12)’ carefully before completing this form.

**PART I Particulars of student-applicant**

#Please delete as appropriate

Name of Present School \_\_\_\_\_

Name of Student-applicant \_\_\_\_\_ H.K. Birth Certificate No./  
 Travel Document No.# \_\_\_\_\_

**PART II Information on ‘Social Needs’ Assessment**

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

- 1** The student-applicant’s sibling has submitted the ‘Social Needs’ Assessment Form (SFAA 235) for the 2011/12 school year and the relevant documents. (Please proceed to Part III ‘Declaration’ directly.)
- 2** The student-applicant’s family has the following ‘Social Needs’ in the 2011/12 school year – (Please **circle** the appropriate box and submit the relevant supporting documents.)

S  
O  
C  
I  
A  
L  
  
N  
E  
E  
D  
S  
  
A  
S  
S  
E  
S  
S  
M  
E  
N  
T  
  
C  
R  
I  
T  
E  
R  
I  
A

- 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 per 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 care of is \_\_\_\_\_ and the relationship with the applicant is \_\_\_\_\_.
- 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.

**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

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