



(For staple)



# STUDENT FINANCIAL ASSISTANCE AGENCY 學生資助辦事處

## APPLICATION FOR KINDERGARTEN AND CHILD CARE CENTRE FEE REMISSION (2011/12)

### 幼稚園及幼兒中心學費減免申請表 (2011/12)

申請人如需此表格的中文版本，請向幼稚園/幼兒中心索取。

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

#### PART I PARTICULARS OF STUDENT-APPLICANT

\*Please delete as appropriate \*Please circle the appropriate box

1. School Attending \_\_\_\_\_

2. Name in Chinese \_\_\_\_\_

3. Name in English \_\_\_\_\_

4. H.K. Birth Certificate No./ Travel Document No.# \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D

Has the identity document been submitted when applying for this Scheme in or after 2006/07 school year / the Pre-primary Education Voucher Scheme?  Y  N \*

For Office Use (1) \_\_\_\_\_

For Office Use (2)  Y  N

#### To be filled in by school

Class/Session \_\_\_\_\_ (Note 1)/\_\_\_\_\_ (Note 2)

Admission Month \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_

Application Form received on \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D

Note 1  
Kindergarten  
 U = Upper Class  L = Lower Class  N = Nursery Class

Child Care Centre  
 D = Child Care Centre (Group aged 2-3)  C = Child Care Centre (Group aged 0-2)

Note 2  
 A = A.M.  P = P.M.  W = Whole Day

#### PART II PARTICULARS OF APPLICANT AND SPOUSE

\*Please circle the appropriate box

**A. Applicant**

1. Name in Chinese \_\_\_\_\_

2. Name in English \_\_\_\_\_

3. H.K. ID Card No. \_\_\_\_\_ - \_\_\_\_\_ ( )

4. Date of Birth \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D

5. Relationship with student-applicant\*  A Parent  B Others (Please provide a written explanation on why the application is not submitted by the student's parent) \_\_\_\_\_

Has the identity document been submitted when applying for this Scheme in or after 2006/07 school year / the Pre-primary Education Voucher Scheme?  Y  N \*

**B. Spouse** (He/She should not be in receipt of the Comprehensive Social Security Assistance.)  
[Please read relevant section of the sample in Part C of the Guidance Notes before completing]

Name \_\_\_\_\_ H.K. ID Card No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D  Y  N \*

#### PART III PARTICULARS OF OTHER FAMILY MEMBERS (They should not be in receipt of the Comprehensive Social Security Assistance.)

\*Please circle the appropriate box

**A. Unmarried children residing with the family (Student-applicant reported in "Part I" excluded)**

Please indicate whether copies of the respective identity documents have been submitted when applying for this Scheme in or after 2006/07 school year?

Name	H.K. ID Card No. [Please refer to relevant section of the sample in Part C of the Guidance Notes]	Date of Birth	Present Status *	
			Student In employment Others	
1. _____	_____ - _____ ( )	_____ Y _____ M _____ D	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N *
2. _____	_____ - _____ ( )	_____ Y _____ M _____ D	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N *
3. _____	_____ - _____ ( )	_____ Y _____ M _____ D	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N *

#### B. Dependent Parent (Please refer to Note 2 of Part C of Guidance Notes for definition of 'Dependent Parent')

Name	H.K. ID Card No. [Please refer to relevant section of the sample in Part C of the Guidance Notes]	Date of Birth	* Please circle the appropriate box	
1. _____	_____ - _____ ( )	_____ Y _____ M _____ D	<input type="checkbox"/> Y <input type="checkbox"/> N *	<input type="checkbox"/> Y <input type="checkbox"/> N *
Please confirm if the above-named 'Dependent Parent' has met the requirements stated in 'Note 2' of Part C of Guidance Notes.			_____ →	
2. _____	_____ - _____ ( )	_____ Y _____ M _____ D	<input type="checkbox"/> Y <input type="checkbox"/> N *	<input type="checkbox"/> Y <input type="checkbox"/> N *
Please confirm if the above-named 'Dependent Parent' has met the requirements stated in 'Note 2' of Part C of Guidance Notes.			_____ →	

#### PART IV FAMILY INCOME (Applicant should fill in the annual family income during the period from 1 April 2010 to 31 March 2011.)

① Annual income of applicant	\$ _____
② Annual income of applicant's spouse	\$ _____
③ 30 % of annual income of unmarried children residing with the family	\$ _____
④ Contribution from other children and relatives / friends in the above-stated period	\$ _____
⑤ Other annual income (e.g. alimony, rental income), please specify: _____	\$ _____
<b>Total Annual Income i.e. ① + ② + ③ + ④ + ⑤</b>	\$ _____

#### For Office Use (3)

C	S	B	P
C	S	B	P

#### PART V COMPREHENSIVE SOCIAL SECURITY ASSISTANCE (CSSA):

(Old Age/Disability Allowance excluded)

\*Please circle the appropriate box

1. The student-applicant is not in receipt of CSSA from the Social Welfare Department (SWD).  1 \*

2. My family is applying for CSSA from SWD, eligibility not yet confirmed.  2 \*

3. The student-applicant is in receipt of CSSA from SWD. File Ref. No.: \_\_\_\_\_  3 \*

#### For Office Use (4)

		T	1	2	3	4	5
		6	7	8	9	M	P

