



[Applicable to the Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS), Grant for School-related Expenses for Kindergarten Students (Grant-KG), School Textbook Assistance Scheme (TA), Student Travel Subsidy Scheme (STS), Subsidy Scheme for Internet Access Charges (SIA), Diploma Yi Jin Fee Reimbursement (DYJFR) and Fee Reimbursement (Financial Assistance Scheme for Designated Evening Adult Education Courses) (FR(FAEAEC))]
You may obtain the Sample Form for the Ethnic Minorities from the SFO starting from May 2019, if necessary.

本申請表格備有中文版本。如有需要，請向學生資助處索取。

(# Please put "✓" in the appropriate box(es), * delete the inappropriate item(s) and @ are optional items.)

Part I Particulars of the Applicant

(The Applicant must be the parent or guardian (as recognised under Guardianship of Minors Ordinance, Cap 13) of the student-applicant(s).)

Form for Part I: Name in Chinese, Title, Name in English, Correspondence Address, Year of Birth, HKID Card No., Home Tel No., HK Mobile Phone No., Marital Status, Ethnicity.

Part II Particulars of Family Members and Financial Assistance Schemes being Applied for

Form for Part II A: Spouse. Fields include Name in Chinese, Name in English, Year of Birth, HKID Card No., HK Mobile Phone No.

B. Student-applicants and unmarried children residing with the family (If more than one child, please fill out this part starting from the youngest child.)

Table for Part II B with columns for Student-applicant 1 and Student-applicant 2. Fields include Name, Date of Birth, HKID Card No., Status, Name of School, Class level, Mode of study, and Apply for schemes.

	Student-applicant 3 / Unmarried child residing with the family 3	Student-applicant 4 / Unmarried child residing with the family 4	
1. Name in Chinese	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2. Name in English	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
3. Date of Birth	D <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	D <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	
4. HKID Card No. / Birth Certificate No. If not available, please provide: Other Identity Document Type	<input type="text"/> () <small>(please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")</small>	<input type="text"/> () <small>(please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")</small>	
Other Identity Document No.	<input type="text"/>	<input type="text"/>	
5. Status for 2018-19	# <input type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Other	# <input type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Other	<input type="text"/> <input type="text"/>
6. Name of School / Institution in 2019/20	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
7. Class level	<input type="text"/>	<input type="text"/>	
8. Mode of study	# <input type="checkbox"/> A. Whole-day <input type="checkbox"/> B. Half-day (A.M. session) <input type="checkbox"/> C. Half-day (P.M. session) <input type="checkbox"/> D. Part-time	# <input type="checkbox"/> A. Whole-day <input type="checkbox"/> B. Half-day (A.M. session) <input type="checkbox"/> C. Half-day (P.M. session) <input type="checkbox"/> D. Part-time	<input type="text"/> <input type="text"/>
9. Apply for schemes <i>(On student basis and you may choose more than 1 item, if applicable)</i>	# <input type="checkbox"/> Need <input type="checkbox"/> Do not need # Kindergarten & below levels: <input type="checkbox"/> (1) KCFRS <input type="checkbox"/> (2) Grant-KG # Primary & secondary levels or equivalent: <input type="checkbox"/> (3) TA <input type="checkbox"/> (4) STS <input type="checkbox"/> (5) DYJFR <input type="checkbox"/> (6) FR(FAEAEC)	# <input type="checkbox"/> Need <input type="checkbox"/> Do not need # Kindergarten & below levels: <input type="checkbox"/> (1) KCFRS <input type="checkbox"/> (2) Grant-KG # Primary & secondary levels or equivalent: <input type="checkbox"/> (3) TA <input type="checkbox"/> (4) STS <input type="checkbox"/> (5) DYJFR <input type="checkbox"/> (6) FR(FAEAEC)	<input type="text"/> <input type="text"/>

C. Subsidy for Internet Access Charges (SIA)
(On household basis and only applicable to applicants applying for subsidies at primary and secondary levels. Applicants who apply for financial assistance for pre-primary level only do not need to complete this part.)

Does your family need to apply for SIA in the 2019/20 school year? # Need Does not need

D. Dependent Parent
Is / are the dependent parent(s) recipient(s) of the Comprehensive Social Security Assistance (CSSA)? # Yes No
(If yes, please skip Part 'D'. If no, please continue to complete Part 'D' and refer to Paragraph 3.3 of "Notes on How to Complete and Return Household Application Form" for definition of "Dependent Parent". Please also provide supporting documents for dependence of the parents including tenancy agreement, residential address proof or receipt of the home for the elderly, etc.)

Name of Dependent Parent	HKID Card No. (please provide copy) and Year of Birth	Dependency Status (Please put "✓" in the appropriate box) at least 6 months during 1.4.2018 to 31.3.2019		
		Resided with the applicant's family	Resided in premises owned or rented by the applicant or his/her spouse	Resided in an elderly home and the expenses were fully paid by the applicant or his/her spouse OR totally supported by the applicant or his/her spouse
(1) Name in Chinese <input type="text"/> Name in English <input type="text"/>	HKID Card No. <input type="text"/> () or Other Identity Document Type: <input type="text"/> <small>(please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")</small> Other Identity Document No.: <input type="text"/> Year of Birth <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Name in Chinese <input type="text"/> Name in English <input type="text"/>	HKID Card No. <input type="text"/> () or Other Identity Document Type: <input type="text"/> <small>(please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")</small> Other Identity Document No.: <input type="text"/> Year of Birth <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Residential Address *(If the correspondence address provided in Part I is not your residential address, please provide the full residential address in English in the following boxes, otherwise do not fill out the spaces below.)*

Residential Address	Flat <input type="text"/>	Floor <input type="text"/>	Block <input type="text"/>
Name of Building	<input type="text"/>		
Estate / Village	<input type="text"/>		
No. & Name of Street	<input type="text"/>		
District	<input type="text"/>		
Area	# <input type="checkbox"/> 1. HK	<input type="checkbox"/> 2. KLN	<input type="checkbox"/> 3. NT <input type="checkbox"/> 4. OHK (Outside HK)

Part IV Family Income

Please provide information on your position and relevant actual income (including part-time income and no need to fill in decimal places) and those of your family member(s) during the period from **1 April 2018 to 31 March 2019** (please refer to Paragraph 10.2(v) of "Notes on How to Complete and Return Household Application Form" (Notes)). If you / your family member(s) was a housewife, was unemployed or has retired during the period, please specify the status and relevant duration. Additional sheet may be added if there is insufficient space to provide the information. For self-employed persons, please provide the relevant income proof (e.g. receipt for services rendered, profit and loss account (please refer to Sample II at Annex of the "Notes" or Personal Assessment Notice issued by the Inland Revenue Department). The SFO may make adjustment and apply benchmark figures on the basis of statistical information provided by relevant government departments (e.g. Census and Statistics Department) to assess your income and those of your family member(s) if you are unable to provide income proof or detailed calculation of income earned during the assessment period.

Applicant and Family Member	Mode of employment	Position (Please specify period if it is not a whole year)	Total Annual Income (\$)				For Office Use	
			(Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee))					
① Applicant	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
② Spouse	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
③ Unmarried child residing with the family (if applicable) Name: _____	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
④ Unmarried child residing with the family (if applicable) Name: _____	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
⑤ Other income (if applicable)	Contribution from children not residing together, relatives or friends (\$)		Rental income of property, land, carpark, vehicle or vessel (\$)	Interests from investments, fixed deposit (\$)	Alimony (\$)	<input type="text"/>	<input type="text"/>	
	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Pension (excluding lump sum retirement gratuity) (\$)		Widow's & Children's Compensation (\$)	Others (\$)		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>		
Total =						<input type="text"/>		

Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness (Please provide a copy of supporting document)

Name	Nature of incapacity or Chronic illness	Medical expenses incurred within the assessment period (\$)
		<input type="text"/>

Part VI Applicant's Bank Account for Payment of Assistance

(The account must be under the applicant's name and please provide copy of the bank statement / first page of bank book)

Account holder's name in English:

Applicant's bank account no.: -
 Bank Code Bank Account Number
 (e.g. Standard Chartered Bank 003; HSBC 004; Hang Seng Bank 024)

Bank name: _____

Part VII Applicant's Supplementary Information (Please append a separate sheet for supplementary information, if necessary)

- If you have filled in Part II particulars of any student-applicant who is **not** a self-bearing child of yours, please specify his/her name and explain in detail with proof why the application is not submitted by the parent of the student.
- If your family is receiving / has received CSSA any time during the period from 1 April 2018 to the time of submission of application, please specify the relevant duration, names of the family members in receipt of CSSA and quote the CSSA reference number.
- If you have special financial hardship, please state details of the situation, relevant duration and submit supporting documents.

Part VIII Declaration

I / We have read the "Household Application for Student Financial Assistance Schemes - Guidance Notes" (GN) and "Notes on How to Complete and Return Household Application Form" (Notes). I / We fully understand and agree to the arrangements stated therein in relation to my / our application. I / We undertake and warrant that I / we shall comply with all provisions in the GN & Notes and such other requirements and directions as specified from time to time by the Government of the Hong Kong Special Administrative Region (HKSAR). I / We hereby declare that:

- The information in this application form and the supporting documents provided by me / us are true, complete and accurate. I / We understand and consent that (i) the SFO will assess the eligibility and assistance level of my family based on the information provided by me / us; (ii) the SFO is authorized to conduct authentication of my / our application (including but not limited to home visits and random checking) to verify whether the information provided therein is true, complete and accurate. I and my family members will fully cooperate with staff of the SFO; and (iii) the SFO may make adjustment to the assistance level / amount of financial assistance granted based on the findings of authentication. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of SFO staff in their course of authentication will lead to disqualification of issued eligibility certificate and notification letter, restitution in full of the assistance granted and possible prosecution. I / We commit to refund the Government of the HKSAR any overpayment of financial assistance granted (including financial assistance provided under all financial assistance schemes administered by the SFO) immediately upon request.
- I / We give consent to the SFO and its authorized bodies to process my / our application and use the personal data provided to the SFO in connection with this application form in accordance with Paragraph 5 of the GN and to liaise with related parties to verify and disclose the information provided by me / us.
- I am / We are authorized by all the family members listed in this application form to give consent and hereby give consent on their behalf to the SFO and its authorized bodies to access such family members' personal data in accordance with Paragraph 5 of the GN and to liaise with related parties to verify and disclose the information provided to the SFO.

This Declaration shall be governed by and constructed in accordance with the laws of the HKSAR. I / We and the Government of the HKSAR shall irrevocably submit to the limited jurisdiction of the Courts of the HKSAR. I / We have read the provisions of this declaration carefully and fully understood my / our obligations and liabilities under this declaration.

Signature of Applicant : _____ Signature of Spouse of Applicant : _____

Identity Document No. : _____ Identity Document No. : _____

Date : _____ Date : _____