Serving the company

在職家庭及學生資助事務處 Working Family and Student Financial Assistance Agency

在職家庭及學生資助事務處 學生資助處

Working Family and Student Financial Assistance Agency Student Finance Office

Justice Financial Assistance for Pre-primary Students for 2025/26 School Year

Financial Assistance Schemes for Pre-primary Students

Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS)

 To cover pre-primary students' school fee Grant for Schoolrelated Expenses for Kindergarten Students (Grant-KG)

 To cover kindergarten (KG) students' schoolrelated expenses

- Applicants are encouraged to submit electronic application via the e-service platform "eWFSFAA" (<u>https://eWFSFAA.gov.hk</u>)
- Application forms are also available on WFSFAA's website (<u>https://www.wfsfaa.gov.hk/en/sfo/preprimary/kcfr/forms.php</u>), and can be obtained from Home Affairs Enquiry Centres of District Offices, schools, Regional Education Offices of EDB and the SFO (Mong Kok/ Cheung Sha Wan) in around July 2025



1) Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS)

Means-tested

- Needy families who require financial assistance may apply for fee remission
- Students (at 2 years & 8 months old or above on 31.8.2025) attending KGs under the KG education scheme of EDB / children receiving whole-day child care services (aged 0-3) in registered child care centres (CCC), are eligible for the 2025/26 application. CCC student-applicants should also pass "social needs" assessment.

1) Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS)

- Three levels of fee remission (full, ¾ and half) are available under KCFRS.
- Fee remission amount: [Actual school fees or fee remission ceiling (whichever is the less) + meal allowance for whole day KG class] x assistance level (100%, 75% or 50%)
- Fee remission ceilings under KCFRS for the 2025/26 school year will be promulgated on WFSFAA's website in September 2025.

2) Grant for School-related Expenses for Kindergarten Students (Grant-KG)

Target beneficiaries of Grant-KG:

- 1. Passing means test
- 2. Eligible for the KCFRS
- 3. Attending KGs under the KG education scheme of EDB (i.e. CCC student-applicants aged 0-3 are not eligible)

2) Grant for School-related Expenses for Kindergarten Students (Grant-KG)

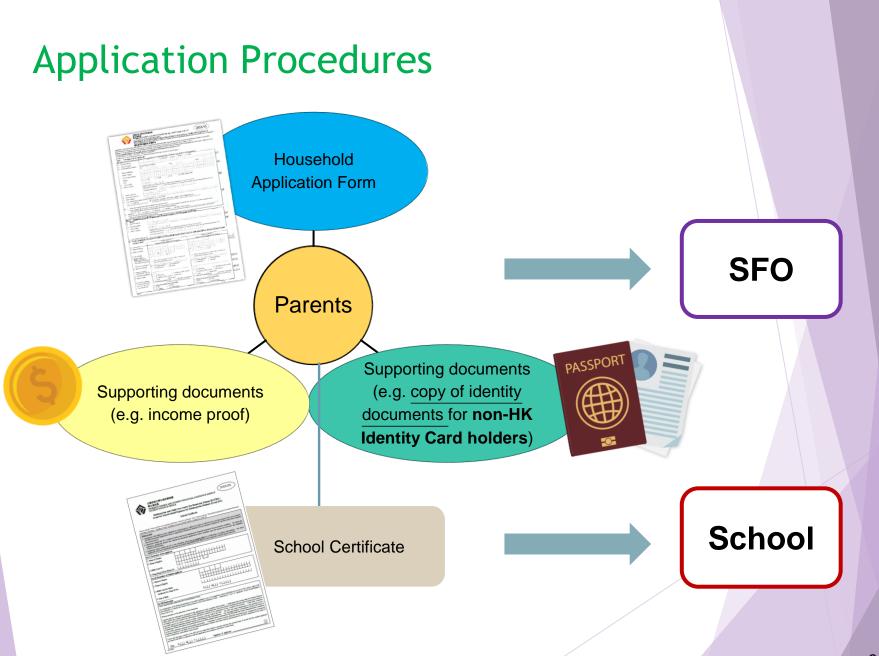
The rates of Grant-KG for the 2025/26 school year are listed below -

	Eligible KG Students
Full grant	\$4,565
3/4 grant	\$3,424
1/2 grant	\$2,283

Household Application for Student Financial Assistance Schemes

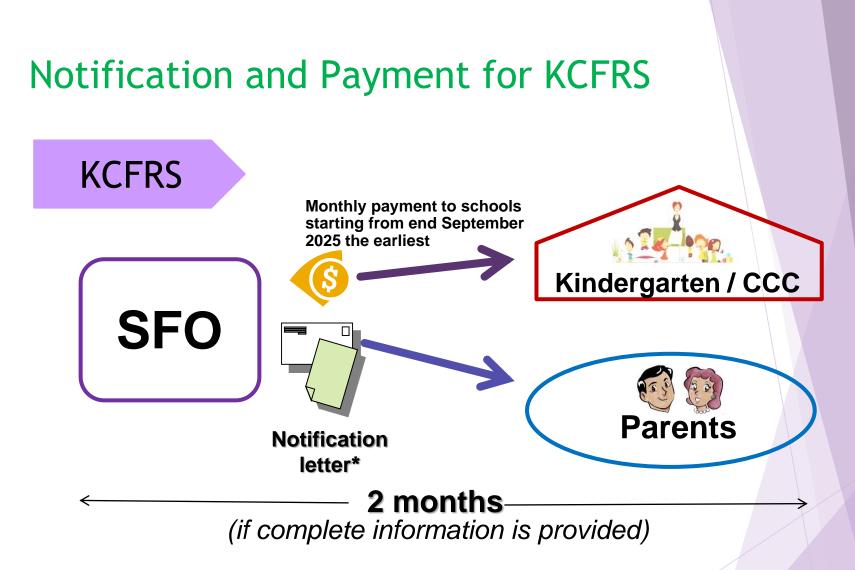
Family-based application form

- Application forms will be distributed starting from July 2025 for new applicants of KCFRS/Grant-KG; e-form is also available online.
- Paper-based "School Certificate" should be submitted to schools as soon as possible on or before 31 August 2025.



Application Timetable

- New applicants should submit the completed application form together with the supporting documents to SFO by post or online, and the completed paper-based School Certificate (SC) to the attending school, as soon as possible on or before 31 August 2025. Paperbased application forms will be available in around July 2025, while eform is also available online.
- Continuing applicants should submit the completed pre-filled application form (issued to applicants in around May 2025) together with the supporting documents to SFO on or before 30 June 2025 by post or online. Pre-filled SC will be issued to those eligible continuing applicants passing means test from around August 2025; <u>if there is</u> <u>any update on the pre-filled SC</u>, it should be submitted to the attending school for processing on or before 31 August 2025.
- If there is/are other child(ren) in the family attending primary and/or secondary school(s) requiring financial assistance, the family only needs to submit one single household application for all children on or before 31 May 2025.



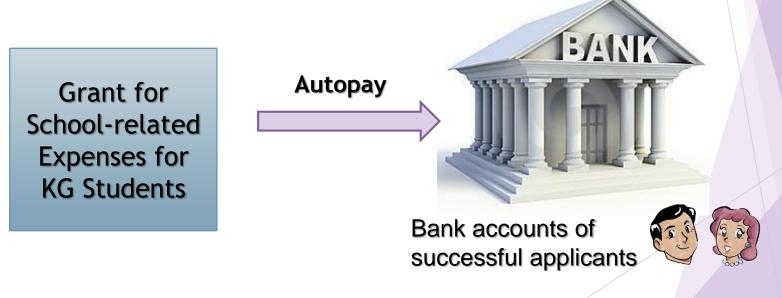
(* Continuing applicants - Normally from August 2025 or within two months from receipt of application if complete information is provided, whichever is later

New applicants - Normally from September 2025 or within two months from receipt of application if complete information is provided, whichever is later)

Notification and Payment for Grant-KG

Grant-KG

- Notification of result will be issued together with KCFRS.
- Disbursement arrangement (starting from end September 2025 the earliest) -



(E-form) Part I Particulars of the Applican Part II Particulars Part II Part I	(Paper-based form)
Part III Residential Address Part IV Farmy and one Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness	Part II Particulars of Family Members and Financial Assistance Schemes being Applied for
Part VI Applicant's Bank Account for Payment of Assistance Part VII Applicant's Supplementary Information	A. Spouse
Part VIII Declaration	1. vame in Charge
	2. Name in English 3. Year of Birth
A Spouse 3 of Sat-applicant 1 / Unmarried child residing with the family C. Subsidy for Internet Access Charges (SIA) D. Dependent Parent	4. HKID Card No. (IHKID card No. is a valiable, please provide <u>Other Identity Document No.</u> with capy of relevant proof)
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A. Spouse	5. HK Mobile Phone No. @
1. Name in Chinese	
2. Name in English	
3. Year of Birth	Part II :
	Particulars of Family Members
4. HKID Card No. *	(A) Spouse (if applicable)
	(A) spouse (il applicable)
(If HKID Card No. is not available, please provide <u>Other Identity Document No.</u> with copy of relevant proof.)	
Other Identity Document Type*	
(Please refer to paragraph 2.1 of "Notes on How to Complete and Return Electronic Household Application Form")	
Other Identity Document No.*	
5. HK Mobile Phone No.@	
Previous Page Next Page	
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ISA) below and submit together with the supporting documents. (a) TA (d) TS (d) DAEFR/DYJFR	
(3) TA) (4) STS) (5) DAEFR/DYJFR	applicants with children receiving whole-day child care services (N1-N2) should complete the "Social Needs" Assessment Form (SFO 3SA) below and submit together with the supporting documents.
) (4) STS (5) DAEFR/DYJFR	rimary & secondary levels or equivalent#
(5) DAEFR/DYJFR] (3) TA
	(4) STS
(6)FR(FAEAEC)) (5) DAEFR/DYJFR
	(6)FR(FAEAEC)

Add Chile

(Paper-based form)

B. Student-applicants and unmarried children residing with the family (If more than one child, please fill out this part from the younges child.) Student-applicant 1 / Student-applicant 2 /				
R	Unmarried child residing with the family 1	Unmarried child residing with the fammy 2		
1. Name in Chinese				
2. Name in English				
3. Date of Birth				
 HKID Card No. / Birth Certificate No. If not available, please provide: 				
Other Identity Document Type	(Please afer to paragraph 1.1 of "Notes on How to Complete and Return Howehold Application Form")	(Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")		
Other Identity Document No.				
5. Status for 2024-25	# A. Under education B. In employment	# A. Under education B. In employment		
	C. Unemployed D. Other	C. Unemployed D. Other		
 Name of School / Institution in 2025/26 				
7. Class level in 2025/26				
8. Mode of study	# A. Whole-day B. Jalf-day (A.M. session)	# A. Whole-day B. Half-day (A.M. session)		
	C. Half-day (P.M. session) D. Parttime	C. Half-day (P.M. session) D. Part-time		
9. Apply for schemes	# Need Do not need	# Need Do not need		
(On student basis and you may choose more than	# <u>Kindergarten & below levels:</u> 1KCFRS (2)Grant. G^ ([^] Grant-KG only applicable to KG studen, K1-K3	# <u>Kindergarten & below levels:</u> (1)KCFRS + (2)Grant-KG (^ Grant-KG only applicable to KG students (KI-K3))		
1 item, if applicable)	# Primary & secondary levels or equivalent;	# Primary & secondary levels or equivalent:		

(B) Student-applicant and Unmarried Children Residing with the Family

→ Unmarried children residing with the family will only be counted as 'family members' under the Adjusted Family Income (AFI) mechanism if information is provided in this Section.

(E-form)

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Part I Particulars of the Applican Part II Par	tioulars of Family Members and Financial Assistance Schemes being Applied for	D. Dependen	t Parent 🖉 you / your spouse have depende	nt parent(s), please fill out this section	, otherwise do not fill	out the spaces below.	
Part III Residential Address Part IV Family In	come Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness		dependent parent(s) currently in receipt of the C	Comprehensive Social Security Assistanc	e (CSSA) and/or (ii) un	der employment during	the assessment period?
Part VI Applicant's Bank Account for Payment of	Assistance Part VII Applicant's Supplementary Information	#Ye	s (<u>Need not</u> complete Part "D") No	(<u>Continue</u> to complete Part "D" and Household Application Form" on th			o Complete and Return
Part VIII Declaration				HKID Card No. and Year of Birth		s (Please put "√" in	
A. Spouse B. Student-applicant 1 / Unmarrie D. Dependent Parent	ed child residing with the family 1 C. Subsidy for Internet Access Charges (SIA)		Name of Dependent Parent	(Please refer to paragraph 2.3.2 of "Notes on How to Complete and Return Household Application Form" and provide copy (if applicable))	Resided with the applicant's family	Resided in premises owned or rented by the applicant or his / her spouse	to 31.3.2025 Resided in an elderly home and the expenses were fully paid by the applicant or his / her spouse <u>OR</u> totally supported by the applicant or his / her spouse
D. Dependent Parent		(1) X					-
(If Applicant or his/her. Suse have no depend	lent parent, please do not fill out the spaces below.)	(1) Name in		HKID Card No.			
employment during the assessment pen d?# Yes (Need not complete Part 'D') No (Continue to complete Part 'D')	eipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under	Name in		Other I mitry Document Type: Other I dentity Document No:			
Dependent Parent 1 Name in Chinese				Year of Birth			
Name in English HKID Card No.* OR Other Identity Document Type * (Please refer Application Form ")	 Part II (D): Dependent Parent (part of applicant or spouse) 	ents	Thines	HKID Card No.			
Other Identity Document No. *	- Dependency Status	1					
Year of Birth							
Dependency Status (at east 6 months during 1.4	2024 - 21 2 2020	J					
Dependency Status (at east 6 months during 1.4 Please select one of the following dependency st							
Resided with the applicant's family	ataa						
Resided with the applicant's family Resided in premises owned or rented by th	e applicant or his/her spouse						
	e applicant of his/her spouse ses were fully paid by the applicant or his/her spouse <u>OR</u> totally supported by						
the applicant or his/her spouse							11

(Paper-based form)

(E-form)

Part I Particulars of the Applicant Part II Particulars of Family Members a	nd Financial Assistance Schemes being Applied for
Part II Residential Address Part IV Family Income Part V Medical Ex	penses Incurred by Family Member(s) with Chronic Illness
Part VI Applicant's Bank Account for Payment of Assistance Part VII App	licant's Supplementary Information
Discourse Disclaration	
Part IV Family Income	
Please provide a copy of supporting document)	
Please provide information on your position and relevant actual income (incl	
places) and those of your family member(s) during the period from 1 April 20 "Notes on How to Complete and Return Electronic Household Application Fo	
housewife, was unemployed, has retired or was not working a whole year due	ring the period, please specify the status and relevant
duration. Additional sheet may be added if there is insufficient space to prov provide the relevant income proof (e.g. receipt for services rendered, profit a	
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 departm income and those of your family member(s) if you are unable to provide inco	
the assessment period.	
(For the income fields below with (\$) sign, such as salary, business pro t, co is no relevant income, please input '0' in the field(s).)	intribution, etc., please input the correct amount. If there
1. Applicant	
Mode of employment#	
O Full-time O Part-time	
Position / Other * (e.g. housewile, unemployed, retired) <i>(Please specify period if it is not</i> a wi	
DVANIPLE: UNEMIPLOYED (1.4.2024 - 30.4.2024); CLERK (1.5.2024 - 31.12.2024); SELF-EMIPLOYED RIVE	Part IV:
Total Annual Income (\$)	Breakdown of
Including bonus / allowance / part-time income (excluding Mandatory Pro- employee)	
Salary (5) *	Total Family
Business profit (\$) *	Income
·	
2. Spouse Mode of employment ^a	
OFull-time OPart-time	
Position / Other (e.g. housewife, unemployed, retired)	
Position / Other (e.g. housewife, unemployed, retired) (Please specify period if it is not a whole year)	
(Please specify period if it is not a whole year)).2024 - 31.03.2025)
(Please specify period if it is not a whole year) EXAMPLE: HOUSEWIFE (1.4.2024 - 30.9.2024); PART-TIME CASHIER 1.10	12024 - 31.03.2025)
(Please specify period if it is not a whole year)	
(Please specify period if it is not a whole year) EXAMPLE: HOUSEWIFE (1.4.2024 - 30.9.2024); PART-TIME CASHIER 1.10 Total Annual Income (5)	

(Paper-based form)

Part IV Family Income (Please provide a copy of supporting document)

Please provide a formation on your position and relevant actual income (including part-time income and no need to fill in decimal places) and those of your finally meaner(s) during the period from 1 April 2024 to 31 March 2025 (please refer to Paragraph 9.2(vii) of "Notes on How to Complete and Return Household Application Form" (Notes)). If you / your family member(s) was a housewife, was unemployed, has retired or was not working a whole year during the period, please specify the status and <u>relevant duration</u>. Additional sheet may be added if there is insufficient space to provide the information. For <u>selfemployed persons</u>, please provide the relevant income proof (e.g. receipt for services rendered, profit and loss account (please refer to the enclosed Sample II) 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 Notice income proof of detailed calculation of income earned during the assessment period.

A	Applicant and Family Member	Mode of employment (Please specify the period if it is not a whole year)		Total Annual Income (\$) (Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee))		For Office Use
1	Applicant	# Full-time # Part-time		Salary (\$) Business profit (\$)		
0	Spouse	# Full-time # Part-time		Salary (\$) Business profit (\$)		
3	Unmarried child residing with the family (if applicable) Name:	# Full-time # Part-time		Salary (\$) Business profit (\$)		
4	Unmarried child residing with the family (if applicable) Name:	# Full-time # Part-time		Salary (\$) Business profit (\$)		
		Contribution from chi not residing together, re or friends (\$)	relatives land, carpark, vehicle or In	terests from investments, fixed deposit (\$)	Alimony (\$)	
5	Other income (if applicable)	Pension (excludin hump sum retirement gr (\$)		Other	s (\$)	
<u> </u>			Total =			

(E-form)

Part I Particulars of the Applicant Part II Particulars of Family Members and Financial Assistance Schemes being Applied for Part	VI Applicant's Bank Account for Payment of Assistance
Part III Residential Address Part IV Family Income Part V Medical Expenses Incurred by Family Member(s) with Chronic IIIness	(The account must be under the applicant's name and please provide copy of the bank statement / first page of bank book)
Part VI Applicant's Bank Account for Payment of Assistance Part VI Applicant's Supplementary Information Account	unt holder's name in English:
Part VIII Declaration Applic	cant's bank account no.:
Part VI Applicants 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)	Bank Code Bank Account Number (e.g. Standard Chartered Bank 003; HSBC 004; Hang Seng Bank 024)
Bank r	name:
Please enter the bank account omber correctly. The account holder's name in English must be the same as that printed on the bank statement or passbook.	^
Account holder's name in English *	
Applicant's bank account no. *	
Bank Code* Bank Account Number*	Part VI:
(e.g. Standard Chartered Bank 003; HSBC 004; Hang Seng Bank 024)	Since the subsidies under Grant-KG
Bank name	
	will be disbursed to the bank
Previous Page Next Page	account of the eligible applicants
	through <u>autopay</u> , the applicant

(Paper-based form)

must provide a valid bank account

and supporting proof to SFO.

Electronic Application Form

Applicants are encouraged to use electronic form (e-form) to submit application online.

- Completed "School Certificate" in paper format should be submitted to schools.
- If applicants have submitted an e-form online, they need NOT submit the paper-based form to SFO.

E-service platform "eWFSFAA" (https://eWFSFAA.gov.hk)



Leaflet on Household Application for Student Financial Assistance Schemes

Leaflets on household application for student financial assistance schemes in eight languages including Hindi, Indonesian, Nepali, Tagalog, Thai, Urdu, Punjabi(Indian) and Vietnamese can be obtained from the following places –

- Student Finance Office
- Kindergartens and Child Care Centres
- Bome Affairs Enquiry Centres of District Offices
- District Social Welfare Offices of the SWD
- Regional Education Offices of the EDB
- Various support service centres for people of diverse race

They are also available at WFSFAA's website at https://www.wfsfaa.gov.hk/sfo.



Useful Videos

Applicants can watch the videos produced by SFO (<u>https://www.wfsfaa.gov.hk/en/household_youtub</u> <u>e.htm</u>) to understand the types of financial assistance schemes for pre-primary, primary and secondary students, and how to fill in and submit the application form.



Enquiry



SFO Hotline : 2802 2345



Website: https://www.wfsfaa.gov.hk/



Enquiry

- Office: 12/F, One Mong Kok Road Commercial Centre, 1 Mong Kok Road, Kowloon
- You may approach services centres for people of diverse race for assistance

