



Working Family and Student Financial Assistance Agency Student Finance Office Household Application for Student Financial Assistance Schemes Financial Assistance for Pre-primary Students 申請人如有需要,請參閱載於本表格背頁的中文版本。 Form C

Application Renewal Form

(for student-applicant who has changed school / resumed class within the 2025/26 school year)

PART I To be completed by the applicant (After completion of the Part I, the applicant should submit this form to the new attending school for further processing.)

	# Please put a 't	ick' as appropriate For	Office Use
Name of Previous School			
Name of Present School			
Name of Student-applican in English	t		
Name of Student-applican in Chinese	t H.K. Birth Other Doc	Certificate No. / ument No. #	
Name of Applicant	H.K.I.D. C Other Doc		
Name of Spouse	H.K.I.D. C Other Doc		
Correspondence Address in Hong Kong			
(Please use BLOCK letters)			
Residential Address (Please provide the residential		Residential Tel. No.	
address if it is <u>different from</u> the correspondence address)		Mobile Tel. No.	

I wish to re-apply for financial assistance for pre-primary students in respect of my child whose particulars are stated above. The family situation provided between the time of my previous application for 2025/26 and the time immediately prior to the change of study of the student-applicant, on the whole,

1 remains unchanged.

2 | has changed (please attach information / supporting documents related to the latest change).

Signature of Applicant:

						Date:					
PART II Fo	r school	use									
School Number								*Cla	ss/**Session	*	**
			Y	M	D	Kindergarter	n —			-	
Admission Date^						* U = Upper (K3)	r Class	_ = []	ower Class N	= Nurser (K1)	y Class
			Y	М	D	<u>Child Care C</u>					
Form C received on^						D = Child (Grou	l Care Centr up aged 2-3	3) [C = Child Cat (Group a		
leceiveu oli						** A = A.M.	I	P = P.	M. W	= Whole	Day
	the month i t the studer	n which the nt-applicar	student- it stated	applicant	is admitted to is at present	attending this Scl	ver is the lat		For Office 7 F. ID. Drop Mth.	Use	
									Eff. Mth.		
									Fee Rem.		
									Adj.	Y /	Ν
Sch 49	ool Chop				Signa	ture of Principal	l		Pay Mth.		