

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

## Introduction on Financial Assistance Schemes for Pre-primary Students for 2026/27 S.Y.



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

- To cover kindergarten (KG) students' school-related expenses

- ▶ Applicants are encouraged to submit electronic application via the “eWFSFAA” (<https://ewfsfaa.gov.hk>)
- ▶ Application forms are also available on WFSFAA's website (<https://www.wfsfaa.gov.hk/en/sfo/preprimary/kcfr/forms.php>), and can be obtained from Home Affairs Enquiry Centres of District Offices, schools, Regional Education Offices of EDB and the SFO (Cheung Sha Wan) in around July 2026



# 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 31.8.2026) 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 2026/27 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,  $\frac{3}{4}$  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 2026/27 school year will be promulgated on WFSFAA's website in mid/late September 2026.

## 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)

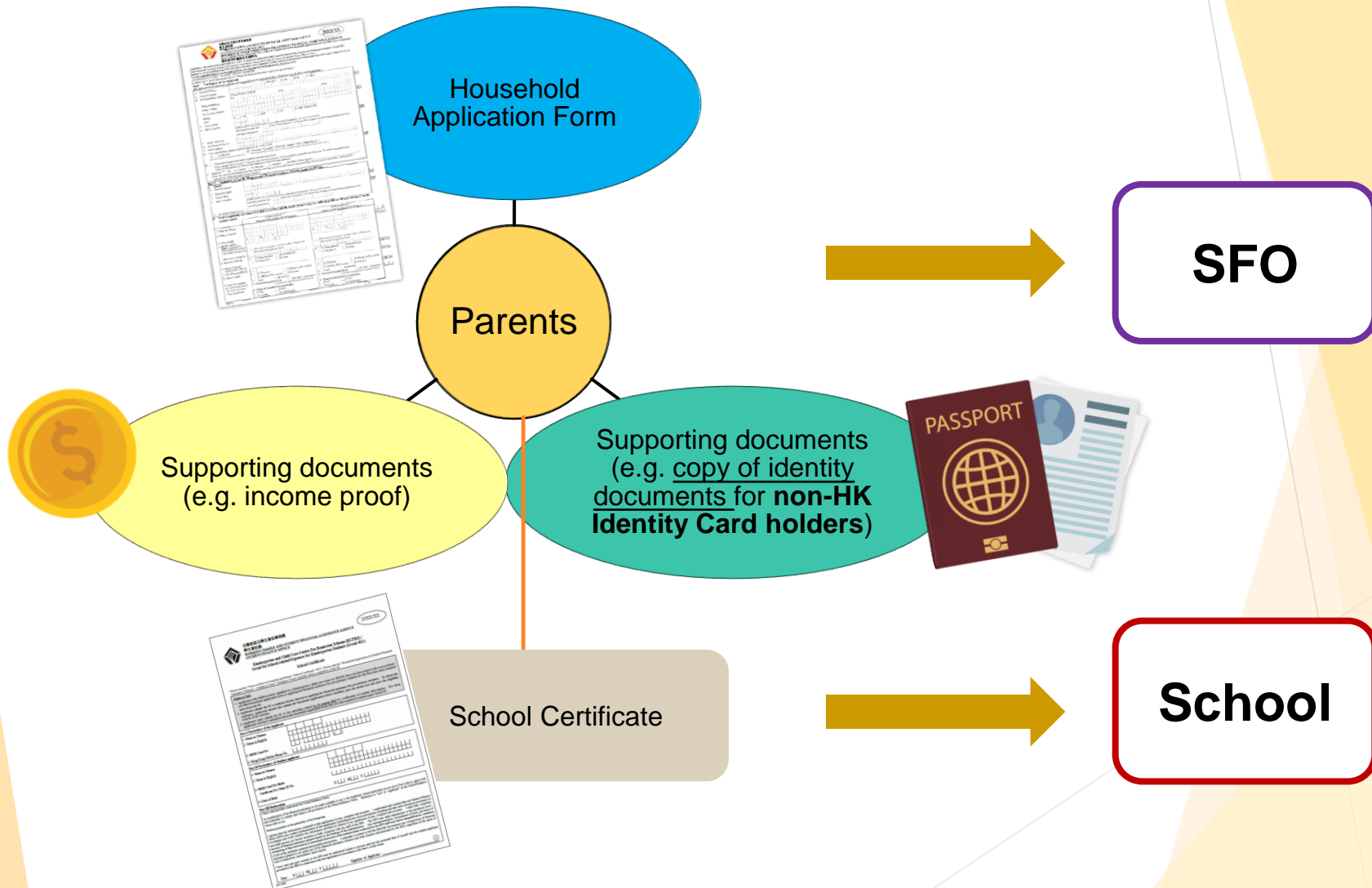
The rates of Grant-KG for the 2026/27 school year are listed below -

	Eligible KG Students
Full grant	\$4,650
3/4 grant	\$3,488
1/2 grant	\$2,325

# Household Application for Student Financial Assistance Schemes

- ▶ **Family-based** application form
- ▶ Application forms will be distributed starting from July 2026 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 2026.

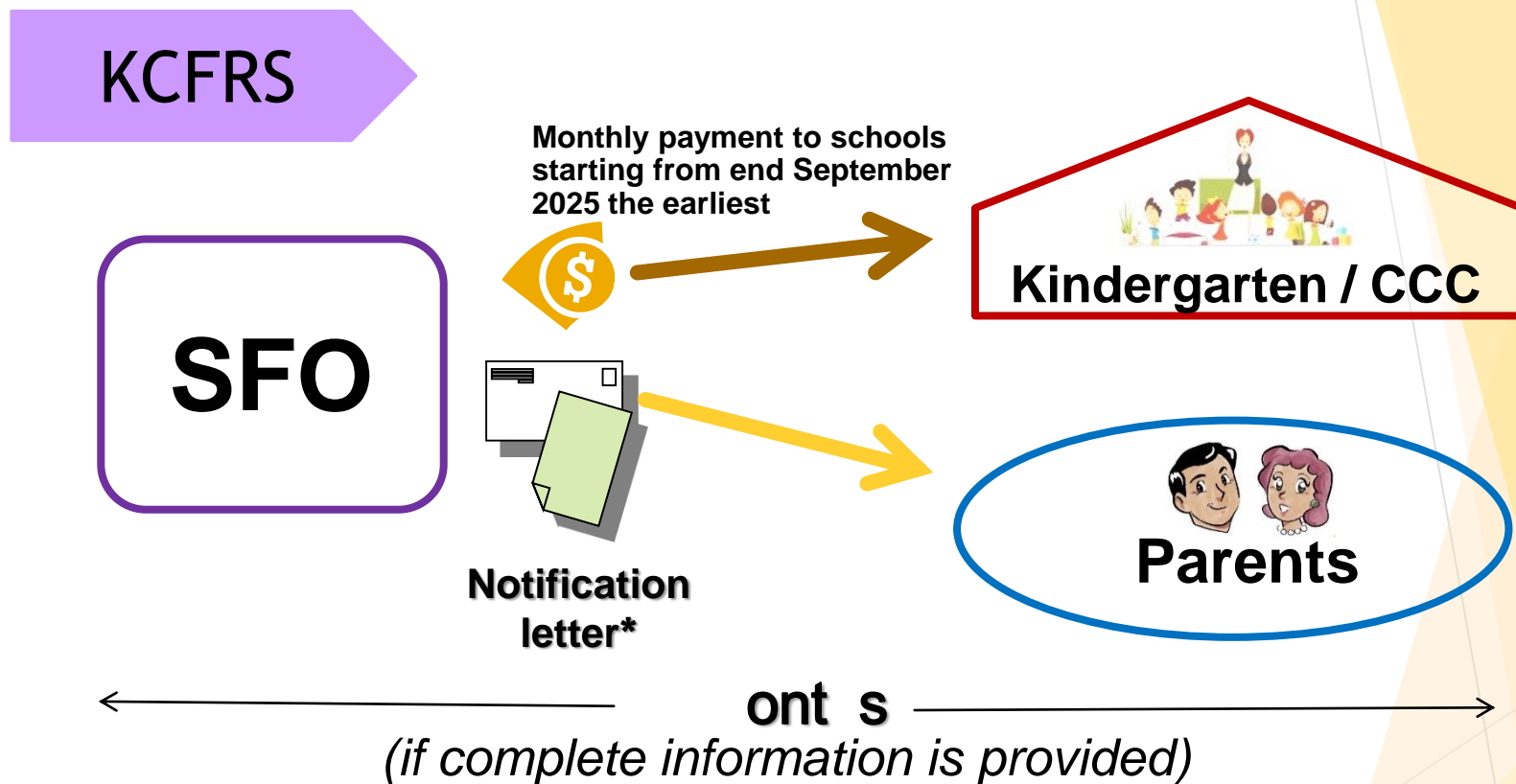
# Application Procedures



# 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 2026**. Paper-based application forms will be available in around July 2026, while e-form is also available online.
- **Continuing applicants** should submit the completed pre-filled application form (issued to applicants in around May 2026) together with the supporting documents to SFO **on or before 30 June 2026** by post or online. Pre-filled SC will be issued to those eligible continuing applicants passing means test from around August 2026; if there is any update on the pre-filled SC, it should be submitted to the attending school for processing **on or before 31 August 2026**.
- 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 2026.

# Notification and Payment for KCFRS



(\* Continuing applicants - Normally from August 2026 or within two months from receipt of application if complete information is provided, whichever is later)

New applicants - Normally from September 2026 or within two months from receipt of application if complete information is provided, whichever is later)

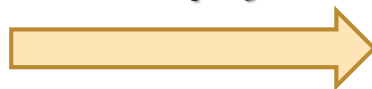
# Notification and Payment for Grant-KG

## Grant-KG

- Notification of result will be issued together with KCFRS.
- Disbursement arrangement (starting from end September 2026 the earliest) -

Grant for  
School-related  
Expenses for  
KG Students

Autopay



Bank accounts of  
successful applicants



# How to Complete Household Application Form

## (E-form)

Part I Particulars of the Applicant

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

Part III Residential Address

Part IV Family Income

Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness

Part VI Applicant's Bank Account for Payment of Assistance

Part VII Applicant's Supplementary Information

Part VIII Declaration

**A. Spouse**

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

**A. Spouse**

1. Name in Chinese

2. Name in English

3. Year of Birth

4. HKID Card No.

*(If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof)*

Other Identity Document Type\*

*(Please refer to paragraph 3.1.2 of "Notes on How to Complete and Return Electronic Household Application Form")*

Other Identity Document No.\*

5. HK Mobile Phone No. @

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## (Paper-based form)

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

**A. Spouse**

1. Name in Chinese

2. Name in English

3. Year of Birth

4. HKID Card No.

*(If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof)*

Other Identity Document Type

Other Identity Document No.

5. HK Mobile Phone No. @

**Part II :**  
**Particulars of Family Members**  
**(A) Spouse (if applicable)**



# How to Complete Household Application Form

## (E-form)

Part I Particulars of the Applicant    **Part II Particulars of Family Members and Financial Assistance Schemes being Applied for**

Part III Residential Address    Part IV Family Income    Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness

Part VI Applicant's Bank Account for Payment of Assistance    Part VII Applicant's Supplementary Information

Part VIII Declaration

A. Spouse    B. Student-applicant 1 / Unmarried child residing with the family 1    C. Subsidy for Internet Access Charges (SIA)

**D. Dependent Parent**

**D. Dependent Parent**

(If Applicant or his/her spouse have no dependent parent, please do not fill out the spaces below.)

(i) Is/Are the dependent parent(s) currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under employment during the assessment period?#

Yes (Need not complete Part "D" Dependent Parent)

No (Continue to complete Part "D" Dependent Parent)

Dependent Parent 1

Name in Chinese

Name in English

HKID Card No.

OR Other Identity Document Type (Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")

Other Identity Document No.

Year of Birth

**Dependency Status** (at least 6 months during 1.4.2025 to 31.3.2026)

Please select one of the following dependency status

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

**Part II (D):**

- Dependent Parent (parents of applicant or spouse)
- Dependency Status

## (Paper-based form)

**D. Dependent Parent** (If you / your spouse have dependent parent(s), please fill out this section, otherwise do not fill out the spaces below.)

(i) Is/Are the dependent parent(s) currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under employment during the assessment period?

#  Yes (Need not complete Part "D")     No (Continue to complete Part "D" and refer to Paragraph 2.3 of "Notes on How to Complete and Return Household Application Form" on the definition of "Dependency")

Name of Dependent Parent	HKID Card No. and Year of Birth (Please refer to paragraph 2.3.2 of "Notes on How to Complete and Return Household Application Form" and provide copy (if applicable))	Dependency Status (Please put "✓" in the appropriate box)		
		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 <u>OR</u> totally supported by the applicant or his / her spouse
(1) Name in Chinese	HKID Card No.			
Name in English	or			
	Other Identity Document Type: (Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Identity Document No.:			
	Year of Birth			
	HKID Card No.			
	or			
	Other Identity Document Type: (Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Identity Document No.:			
	Year of Birth			

# How to Complete Household Application Form

## (E-form)

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

Part III Residential Address    **Part IV Family Income**    Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness

Part VI Applicant's Bank Account for Payment of Assistance    Part VII Applicant's Supplementary Information

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

Please provide information on your position and relevant actual income (excluding part-time income and no need to fill in decimal places) and those of your family member(s) during the period from 1 April 2025 to 31 March 2026 (please refer to Paragraph 13.4(vii) of "Notes on How to Complete and Return Electronic 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 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 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.

(For the income fields below with (\$) sign, such as salary, business profit, contribution, etc., please input the correct amount. If there is no relevant income, please input '0' in the field(s).)

**1. Applicant**  
Mode of employment#  
 Full-time     Part-time  
Position / Other  
\* (e.g. housewife, unemployed, retired) (Please specify period if it is not a whole year)

EXAMPLE: UNEMPLOYED: (1.4.2025 - 30.4.2025); CLERK: (1.5.2025 - 31.12.2025); SELF-EMPLOYED: RIDER: (1.2026 - )

Total Annual Income (\$) Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee\*)

Salary (\$)\*

Business profit (\$)\*

**2. Spouse**  
Mode of employment#  
 Full-time     Part-time  
Position / Other (e.g. housewife, unemployed, retired)  
(Please specify period if it is not a whole year)

EXAMPLE: HOUSEWIFE: (1.4.2025 - 30.9.2025); PART-TIME CASHIER: (1.10.2025 - 31.03.2026)

Total Annual Income (\$) Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee\*)

Salary (\$)\*

**Part IV: Breakdown of Total Family Income**

## (Paper-based form)

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

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 2025 to 31 March 2026 (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 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 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 period.

Applicant and Family Member	Mode of employment	Position / Other (e.g. housewife, unemployed, retired) (Please specify the 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 # <input type="checkbox"/> Part-time		Salary (\$)				
			Business profit (\$)				
② Spouse	# <input type="checkbox"/> Full-time # <input type="checkbox"/> Part-time		Salary (\$)				
			Business profit (\$)				
③ Unmarried child residing with the family (if applicable) Name:	# <input type="checkbox"/> Full-time # <input type="checkbox"/> Part-time		Salary (\$)				
			Business profit (\$)				
④ Unmarried child residing with the family (if applicable) Name:	# <input type="checkbox"/> Full-time # <input type="checkbox"/> Part-time		Salary (\$)				
			Business profit (\$)				
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 (\$)	
			Pension (excluding lump sum retirement gratuity) (\$)	Widow's & Children's Compensation (\$)	Others (\$)		
<b>Total =</b>							

# How to Complete Household Application Form

## (E-form)

Part I Particulars of the Applicant    Part II Particulars of Family Members and Financial Assistance Schemes being Applied for  
Part III Residential Address    Part IV Family Income    Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness  
**Part VI Applicant's Bank Account for Payment of Assistance**    Part VII Applicant's Supplementary Information  
Part VIII Declaration

**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)*

Please enter the bank account number 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\*

Do not input any punctuation marks, e.g. " - ".

(e.g. Standard Chartered Bank 003; HSBC 004; Hang Seng Bank 024)

Bank name

Previous Page    Next Page

## (Paper-based form)

### 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 VI:

Since the subsidies under Grant-KG will be disbursed to the bank account of the eligible applicants through autopay, the applicant 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.

“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
- Home 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 ([https://www.wfsfaa.gov.hk/en/household\\_youtube.htm](https://www.wfsfaa.gov.hk/en/household_youtube.htm)) 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: 11/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon
- ▶ You may approach services centres for people of diverse race for assistance



धन्यवाद

ขอขอบคุณ

ਤੁਹਾਡਾ ਧੰਨਵਾਦ

*Thank you*

ਧੰਨਵਾਦ

Terima kasih

Cảm ơn bạn

آپ کا شکریہ

ala at