



2020/21 Student Financial Assistance for Pre-primary Students

Fee Assistance



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

- open to application in July
- Form available from KGs, SFO, Regional Education Offices of EDB, District Offices of HAD, District Social Welfare Offices of SWD, Maternal and Child Health Centres of Department of Health and SFO's website at www.wfsfaa.gov.hk/sfo



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

- Means-tested
- Needy families who require financial assistance may apply for fee remission
- Three levels (full, $\frac{3}{4}$ and half) of fee remission under KCFRS
- Students attending KGs under the KG education scheme of EDB / children receiving whole-day child care services (aged 0-3)



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

Target beneficiaries:

- 1) Pass means test
- 2) Eligible for the KCFRS
- 3) Attend KGs under the KG education scheme of EDB



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

The rates for Grant-KG for 2020/21 school year are listed in the table below:-

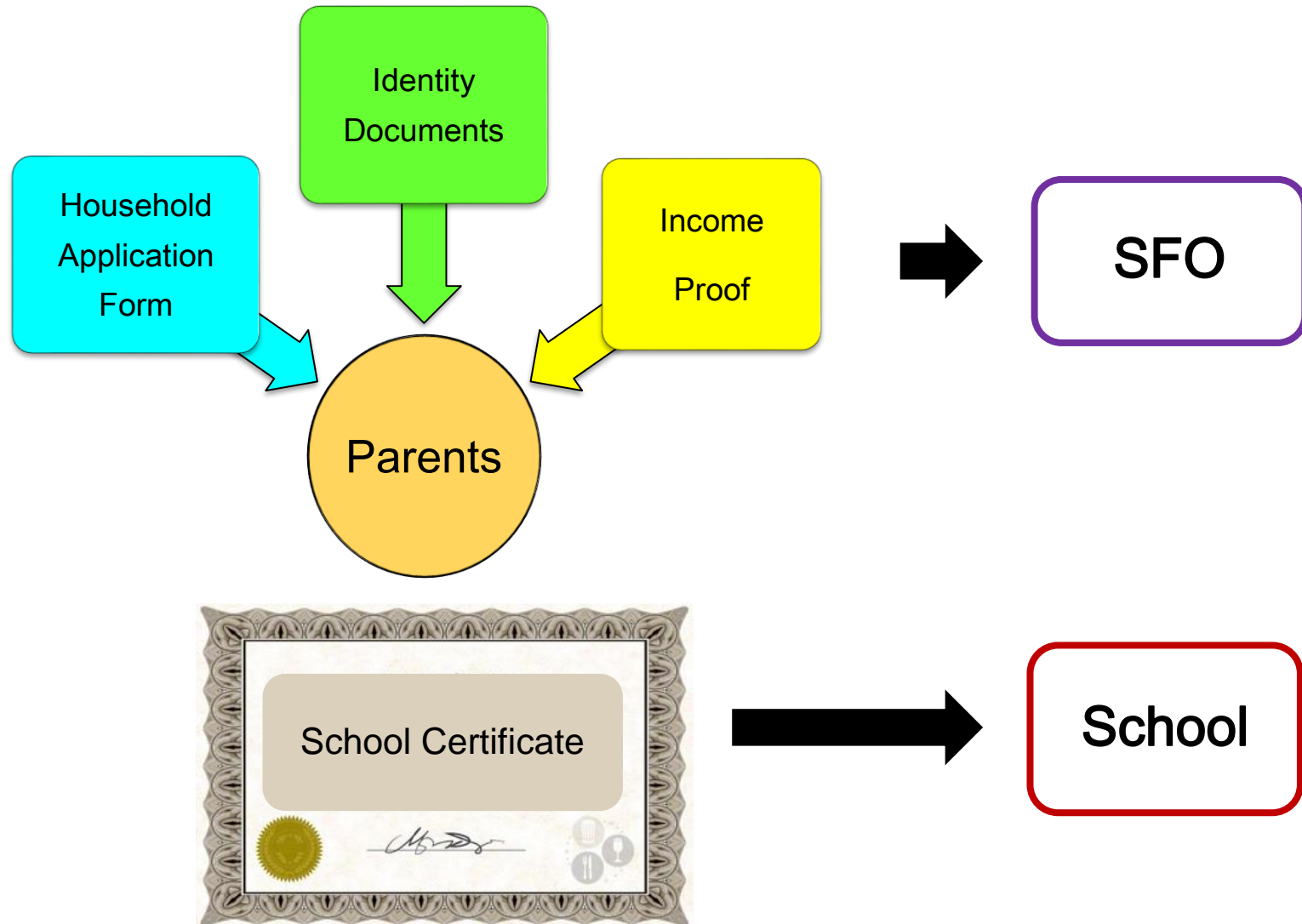
	Eligible KG Students
Full grant	\$4,170
3/4 grant	\$3,128
1/2 grant	\$2,085



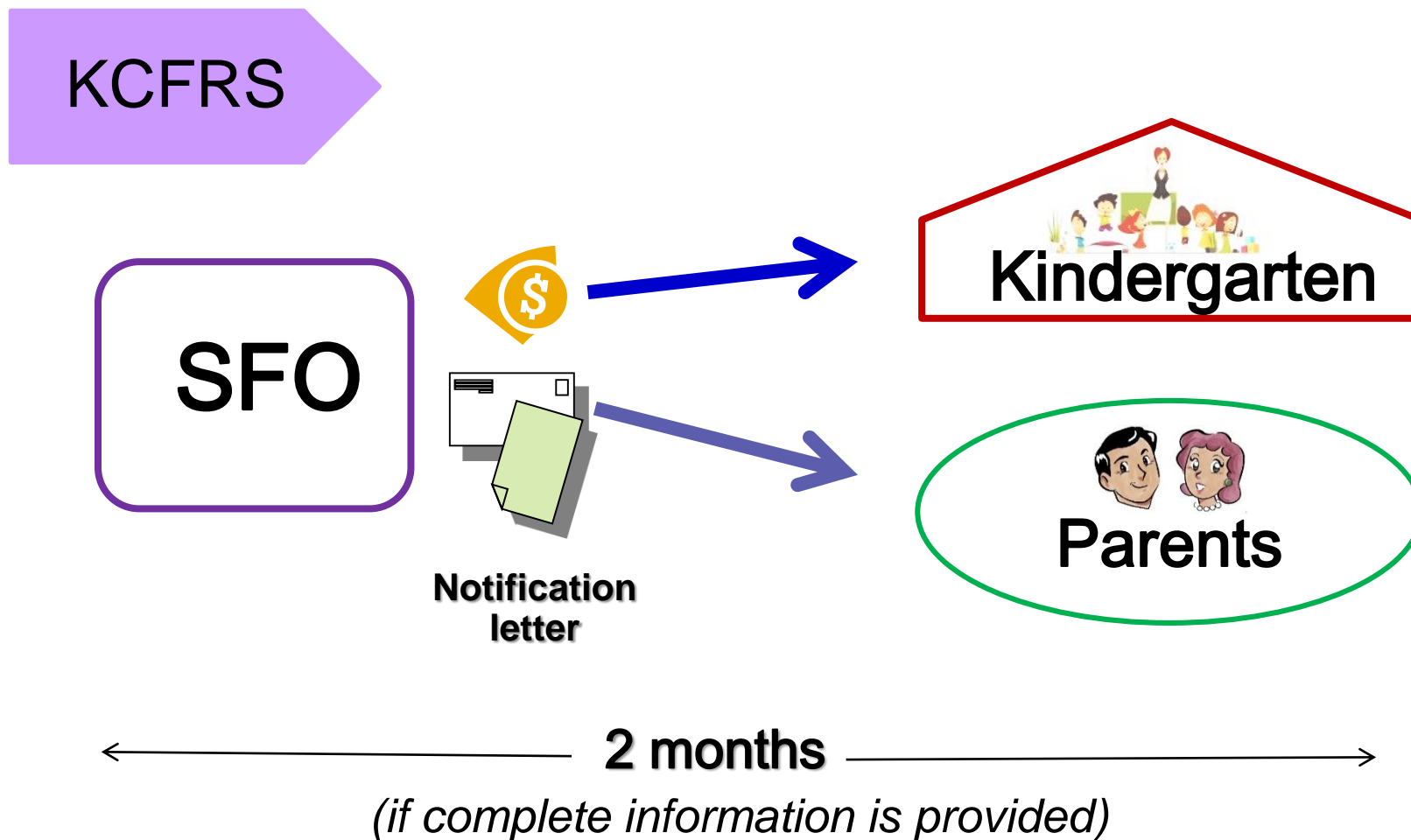
Household Application for Student Financial Assistance Schemes

- Family-based application form
- Distribution of household application forms through schools starting from July for new students
- “School Certificate” should be submitted to schools as soon as possible

Application Procedures



Notification and Payment for KCFRS



Notification and Payment for Grant-KG



Grant-KG

Disbursement arrangement:

Grant for
School-related
Expenses for
KG Students

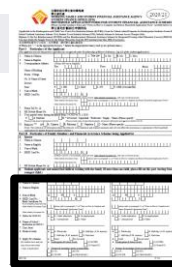
Autopay



Bank account of
eligible applicants



Notes on How to Complete Household Application 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: () *(please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")*

Other Identity Document No.:

5. HK Mobile Phone No. @

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

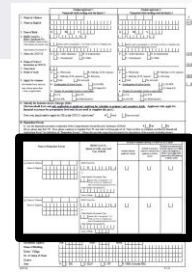
B. Student-applicants and unmarried children residing with the family (If more than one child, please fill out this part starting from the youngest child.)

	Student-applicant 1 / Unmarried child residing with the family 1	Student-applicant 2 / Unmarried child residing with the family 2
1. Name in Chinese		
2. Name in English		
3. Date of Birth	D M Y	D M Y
4. HKID Card No. / Birth Certificate No. / If not available, please provide Other Identity Document Type	()	()
Other Identity Document No.		
5. Status for 2019-20	<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
6. Name of School / Institution in 2020/21		
7. Class level		
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
9. Apply for schemes (On student basis and you may choose more than 1 item, if applicable)	<input type="checkbox"/> Need <input type="checkbox"/> Do not need <input type="checkbox"/> Kindergarten & below levels: (1) KCFRS (2) Grant-KG <input type="checkbox"/> Primary & secondary levels or equivalent: (3) TA (4) STS (5) DYJFR (6) FR(FAEAEC)	<input type="checkbox"/> Need <input type="checkbox"/> Do not need <input type="checkbox"/> Kindergarten & below levels: (1) KCFRS (2) Grant-KG <input type="checkbox"/> Primary & secondary levels or equivalent: (3) TA (4) STS (5) DYJFR (6) FR(FAEAEC)

(B) Student-applicant and Unmarried children residing with the family

→ otherwise, they will not be counted as 'family members' under the Adjusted Family Income (AFI) mechanism.

Notes on How to complete Household Application Form



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 1.4.2019 to 31.3.2020)		
		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 Name in English	HKID Card No. or Other Identity Document Type: Other Identity Document No.: Year of Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Name in Chinese Name in English	HKID Card No. or Other Identity Document Type: Other Identity Document No.: Year of Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II (D):

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

Notes on How to complete Household Application Form



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 2019 to 31 March 2020** (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 (\$) (Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee))		For Office Use
			Salary (\$)	Business profit (\$)	
① Applicant	# <input type="checkbox"/> Full-time		Salary (\$)		
	# <input type="checkbox"/> Part-time		Business profit (\$)		
② Spouse	# <input type="checkbox"/> Full-time		Salary (\$)		
	# <input type="checkbox"/> Part-time		Business profit (\$)		
③ Unmarried child residing with the family (if applicable) Name:	# <input type="checkbox"/> Full-time		Salary (\$)		
	# <input type="checkbox"/> Part-time		Business profit (\$)		
④ Unmarried child residing with the family (if applicable) Name:	# <input type="checkbox"/> Full-time		Salary (\$)		
	# <input type="checkbox"/> Part-time		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 (\$)	
Total =					

Part IV:
Breakdown
of total
Family
Income

Notes on How to complete Household Application 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
(eg. Standard Chartered Bank 003; HSBC 004; Hang Seng Bank 024)

Bank name: _____



Part VI:

Since the 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.



Fee Assistance for 2020/21

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



Fee remission

+

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



School-related expenses

Electronic Application Form



- Apart from submission of the paper-based form, you may also use the electronic application form (E-form) to submit application online.
- If applicants have submitted E-form online, they need NOT submit the paper-based form to SFO.



Leaflet on Household Application for Student Financial Assistance Schemes



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

- SFO
- Kindergartens
- District Offices of HAD
- District Social Welfare Offices of the SWD
- Regional Education Offices of the EDB
- Maternal & Child Health Centres of the Dept. of Health
- Various support service centres

They are also available at SFO's website <http://www.wfsfaa.gov.hk/sfo>



Enquiry



SFO Hotline : 2802 2345



Website :

<http://www.wfsfaa.gov.hk/sfo>



Enquiry

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





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ਧੰਨਵਾਦ

Thank you

ਤੁਹਾਡਾ ਧੰਨਵਾਦ

Terima kasih

آپ کا شکریہ

Salamat