



(For staple)



Working Family and Student Financial Assistance Agency
 Student Finance Office
 Household Application for Student Financial Assistance Schemes
 Financial Assistance for Pre-primary Students

Form C

申請人如有需要，請參閱載於本表格背頁的中文版本。

Application Renewal Form
(for student-applicant who has changed school/resumed class within the 2021/22 school year)

PART I To be completed by the applicant

^ You may choose to provide the information or not # Please delete as appropriate

			For Office Use
Name of Previous School			
Name of Present School			
Name of Student-applicant in English			
Name of Student-applicant in Chinese		H.K. Birth Certificate No./ Travel Document No. #	
Name of Applicant		H.K.I.D. Card No.	
Name of Spouse		H.K.I.D. Card No.	
Correspondence Address in Hong Kong (Please use BLOCK letters)			
Residential Address (Please provide the residential address if it is <u>different from</u> the correspondence address)		Residential Tel No.	
		Mobile Tel. No.^	

I wish to re-apply for financial assistance for pre-primary students in respect of my ward whose particulars are stated above. The family situation provided between the time of my previous application for 2021/22 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: _____

@ Please circle the appropriate box Date: _____

PART II For school use

School Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	*Class/**Session	*	**
			Y	M	D									
Admission Date^	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
			Y	M	D									
Form C received on^	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Kindergarten
 * U = Upper Class L = Lower Class N = Nursery Class

Child Care Centre
 D = Child Care Centre (Group aged 2-3) C = Child Care Centre (Group aged 0-2)

** A = A.M. P = P.M. W = Whole Day

^ The effective month of fee remission will be the month in which Form C is received by the kindergarten / child care centre, or the month in which the student-applicant is admitted to the school, whichever is the later.

I certify that the student-applicant stated in Part I is at present attending this School and that the Part "For school use" has been clearly checked.

School Chop

Signature of Principal

For Office Use	
S.No.	_____
D.M.	_____
S.Need	_____
E.M.	_____
F.R.	_____
Adj	_____
P.M.	_____