

和富慈善基金李宗德小學 W F JOSEPH LEE PRIMARY SCHOOL

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School Fee Remission Scheme 2022-2023 Application Form

Part I Personal Data of Applicant (Student's Parent)

Name of Students	Class	Student Application No.
Name of Student:	Class:	Student Application No:
Name of Parent Applicant:		
Parent Applicant's I.D. No. (or other valid identity	document):	
Correspondence Address:		
Telephone Number:		

Part II Particulars of Family Members (including the applicant, the student and members who are

dependents of the applicant)

Name	Age	Relationship	Please vif the family member resides with you, otherwise write his/her residing place (e.g. elderly home, mainland China etc)	Occupation	Employer or working place (or name of school and class)	Average monthly income of the latest 6 months (Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee))	For School Use (to be completed by the School Office)
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
			Average mo	onthly total ir	acome per family	\$	

Part III Family Financial Status

A.	Please ✓any subsidy you are receiving: ☐ Comprehensive Social Security Assistance ☐ School Textbook Assistance Scheme (☐ full grant ☐ half grant) ☐ Do not apply any subsidy ☐ Waiting for the approval of the subsidy
B.	Ownership of property: \square Yes (1) \square self-residence
	(2) □ rental (monthly rental income \$) (Please submit supporting rental document) □ No
C.	Rental of property for self-residence: Yes (monthly rental payment \$) (Please submit supporting rental document)
	\square No
D.	Total value of assets (including land / property, cash, bank saving, stocks & shares, and other assets which can be changed into cash): about \$
E.	Average monthly expenses of the whole family: about \$

Part IV Attached Documents

Required supporting documents include:

- (i) Copy of identity documents of the applicant and his/her family members as listed in Part II; and
- (ii) (For single-parent families) Copy of supporting documents for separation / divorce or spouse's Death Certificate. If applicants are unable to provide the supporting documents, please explain in writing the reasons and sign on an explanatory note; and
- (iii) Documentary proof on total income for the period from 1 April 2021 to 31 March 2022.

Adult with no income (including housewife, unemployed, but not	Declaration under Oath on having no income at District Offices under Home Affairs Department
Person currently in receipt of the Comprehensive Social Security Assistance (CSSA)	Copy of the "Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers)"
cannot produce any income proofs (including person who has no fixed income)	
Self-employed person / person running business / person who	Declaration under Oath on average monthly income or annual income at District Offices under Home Affairs Department
(including income of all full-time or part-time jobs)	 (2) If (1) is not available, please submit Employer's Return of Remuneration and Pensions Form; (3) If (1),(2) are not available, please submit Salary Statement; (4) If (1),(2) and (3) are not available, please submit Bank transaction record showing payment of salary, allowance etc. (together with the page showing the name of bank account holder) (Please highlight the salary entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them, or else the school may include the amount in calculating family income.); (5) If (1) to (4) are not available, please submit Income Certificate certified by the employer.
Salaried employed person	(1) Tax Demand Note issued by Inland Revenue Department;

applicable to person aged over ou)			
Landlord with rental income	(together w (Please hig other than i	greement; t available, Bank transaction record with the page showing the name of the hlight the entries with colour and re income, please also make necessary mool may include the amount in calc	pank account holder) emarks. For any entries y remarks next to them, or
Part V Declaration			
hereby declare that:			
home visit and detailed ve (c) I understand that any misro in full of the assistance gra (d) I understand that when the	eph Lee Primary tting). epresentation, connted. family financia	correct and complete. School to conduct authentication of concealment of facts will lead to disconcealment of facts will be added to disconcealm	qualification and restitution remission level, such as a
Date:	Aŗ	oplicant's signature:	
 According to the Personal correction of the informati The information provided 	on provided. will only be used j	Ordinance, the applicant has the right to for the 'School Fee Remission Scheme cant and will not disclose the applican	·
 According to the Personal correction of the informati The information provided Our school respects the pr without his/her prior conse 	on provided. will only be used j ivacy of the applicent.	for the 'School Fee Remission Scheme	e'. nt's personal or family details
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Correction of the information The information provided Our school respects the privite without his/her prior consess For Eligibility level: 100% Group A 1. Applicants receiving Consocial Security Assistance 2. Applicants eligible for fir assistance under the Studies Assistance Agency (SFA) (FULL or HALF) B Families who can submit process B Families who can submit process Our school respects the information provided in the process of the provided in	on provided. will only be used jivacy of the applicant. School Use (to 50% 50% 50% 60% 60% 60% 60% 60% 60% 60% 60% 60% 6	for the 'School Fee Remission Scheme cant and will not disclose the applicant be completed by the School Office 25% 0% Monthly Family Income (for a family of 3) Less than \$17,180 \$17,181 to \$22,310 \$22,311 to \$27,440	Level of Remission 100% 75% 50% 25%
According to the Personal correction of the information provided. The information provided. Our school respects the privilence of the prior consecutive of the	on provided. will only be used jivacy of the applicant. School Use (to 175% 50% 50% 150% 150% 150% 150% 150% 150%	be completed by the School Office Description	Level of Remission 100% 75% 50% 25%

applicable to person aged over 60)