



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

天水圍天暉路 9 號

9 Tin Fai Rd, Tin Shui Wai

網址 Web-site : www.wfjpls.edu.hk

電話 : 3401 4995

Tel : 3401 4995

電郵 E-mail : info@web.wfjpls.edu.hk

傳真 : 3401 4689

Fax : 3401 4689

“School Fee Remission Scheme”
2026-2027 Application Form

Applicants must submit proof of family income and relevant supporting documents in addition to completing the School Fee Remission Scheme application form. If

(Please ✓ any subsidy you are receiving :)

- ☐ The applicant is a family receiving Comprehensive Social Security Assistance (CSSA). Please submit a copy of the 'CSSA Approval Notification' issued by the Social Security Department.
- ☐ The applicant has successfully applied for or is currently applying for the 2026-2027 School Textbook Assistance (TA) Scheme. Please submit a copy of the 'School Textbook Assistance (TA) Result' issued by the Student Finance Office (SFO).

(TA Application Status: ☐ Application in progress/waiting for approval ☐ 100% ☐ 50%)

- ☐ Had applied for relevant subsidies from the Student Finance Office but were rejected.

Please provide reasons for rejection or ineligibility of the Student Finance Office application:

- ☐ The applicant is not applying for any relevant subsidies from the Student Finance Office. Please provide reasons for not applying:

Part I : Particulars of the Student in School

	Student Name in Chinese	Student Name in English	Class and Class No.:
1.			()
2.			()
3.			()

Part II : Particulars of the Applicant

Name in Chinese :	*(Mr., Ms., Miss)		
Name in English :			
Identity Document Type:		Identity Document No.:	
Mobile Phone No. :		Home Tel. No.:	
Residential Address :			

Relationship of the Applicant to the Student: *Father / Mother / Legal Guardian
Your marital status during the period from 1.4.2025 to 31.3.2026: *Married (please provide spouse's information in Part III) *Divorced/Separated/Widowed/Others (please specify: _____) (spouse's information need <u>not</u> be provided in Part III)

* Delete where appropriate

Part III : Particulars of Family Members

(A) Applicant's Spouse

Name in Chinese:		Name in English:	
Identity Document Type:		Identity Document No.:	
Mobile Phone No. :		1.4.2025 to 31.3.2026 Employment Status :	*In employment /Unemployed/ Other : _____

(B) All unmarried children residing with the family (Including students studying in our school)

1	Name in Chinese:		Name in English:	
	Identity Document Type :		Identity Document No.:	
	1.4.2025 to 31.3.2026 Status:		* Under education / In employment / Unemployed / Other _____	
2	Name in Chinese:		Name in English:	
	Identity Document Type :		Identity Document No.:	
	1.4.2025 to 31.3.2026 Status:		* Under education / In employment / Unemployed / Other _____	
3	Name in Chinese:		Name in English:	
	Identity Document Type :		Identity Document No.:	
	1.4.2025 to 31.3.2026 Status:		* Under education / In employment / Unemployed / Other _____	
4	Name in Chinese:		Name in English:	
	Identity Document Type :		Identity Document No.:	
	1.4.2025 to 31.3.2026 Status:		*Under education / In employment / Unemployed / Other _____	

* Delete where appropriate

(C) : Applicant or Applicant's Spouse Dependent Parent

If the dependent parents are currently receiving Comprehensive Social Security Assistance and/or are employed during the assessment year, they cannot be counted as 'family members' under the income review mechanism, so there is no need to fill this out.

Name in Chinese:	Name in English:	HKID Card No.:	Relationship to the Applicant:
1. _____	_____	_____ ()	_____
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			
Name in Chinese:	Name in English:	HKID Card No.:	Relationship to the Applicant:
2. _____	_____	_____ ()	_____
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			
Name in Chinese:	Name in English:	HKID Card No.:	Relationship to the Applicant:
3. _____	_____	_____ ()	_____
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			
Name in Chinese:	Name in English:	HKID Card No.:	Relationship to the Applicant:
4. _____	_____	_____ ()	_____
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			

* Delete where appropriate

Total number of family members, namely Applicant + A + B + C, a total of _____ persons

Part IV: Family Income

Please provide the information of the applicant and family members from 1 April 2025 to 31 March 2026. If you are a housewife, retired, or unemployed, please indicate your status and the relevant time period in the position column. If necessary, you may attach additional sheets for more information.				
Applicant and Family Member	Position	Work Organisation	Office Phone no.	Total Annual Income
a) Applicant				
b) Spouse				
c) Unmarried child residing with the family (if applicable) Name: _____				
Name : _____				
d) Other income (if applicable) # Rental income of property / Widow's Children's Compensation / Contribution from children not residing together, relatives or friends (#Circle where appropriate)				
Total: a + b + c + d =				

Part V: Supporting documents required:

- (i) A copy of the identify documents of the applicant and family members reported in Part III; and
- (ii) (If the applicant belongs to a single-parent family) a copy of the separation/divorce certificate or spouse's death certificate. If no supporting documents are available, the applicant must provide a written explanation and sign to validate it; and
- (iii) A copy of the supporting documents for total income from 1 April 2025 to 31 March 2026.

Salaried Individuals (Including all part-time and full-time income)	(1) Tax payment notice issued by the Inland Revenue Department; (2) If (1) is not available, submit the employer's salary and pension tax return; (3) If (1) and (2) are not available, submit the salary statement; (4) If (1), (2), and (3) are not available, submit the most recent three months of bank statements showing salary, allowances, and other records (including the account holder's name page). Please use coloured pens to highlight salary items and explain the sources of other deposited amounts; otherwise, the school may include all deposited amounts in the family income calculation; (5) If none of the above (1) to (4) are available, written confirmation of monthly salary must be provided by the employer and signed for validation.
Self-Employed Individuals / Business Operators / Salaried Individuals Who Cannot Provide Any Income Proof (Including Those with No Fixed Income)	Declaration form for swearing monthly average income or total annual income at the Civil Affairs Department (Those unable to provide income proof can refer to Appendix 1 for the income declaration form.)
Individuals Receiving Comprehensive Social Security Assistance	Notification of Approval for Comprehensive Social Security Assistance
Adult Family Members with No Income (Including Homemakers and Unemployed Individuals, but those aged 60 and above may be exempt)	Declaration form for swearing that there is no income at the Civil Affairs Department

Individuals Who Own Rental Properties	(1) Lease agreement provided to tenants; (2) If (1) is not available, submit bank statements showing rental income (including the account holder's name page). Please use colored pens to highlight rental income items and explain the sources of other deposited amounts; otherwise, the school may include all deposited amounts in the family income calculation.
Information on Dependent Parents (if applicable)	Dependent parents refer to the father or mother of the applicant or the applicant's spouse. At the time of application submission, they must not be receiving social welfare and must not have been employed during the general qualification assessment year for this application (i.e., from 1 April 2025 to 31 March 2026) for at least six months: (A) Living with the applicant's family; or (B) Residing in a property owned or rented by the applicant or their spouse; or (C) Living in a nursing home, with the related costs covered by the applicant or their spouse, or with the applicant or their spouse providing full living expenses. Note: The applicant or the applicant's spouse must continue to support the reported dependent parents in the 2026/27 academic year, and the support situation must be similar to that during the qualification assessment year. Additionally, since the number of family members can affect the funding level for the applicant's family, please provide supporting documents regarding the dependent parents (such as lease agreements, proof of address, or nursing home receipts) when returning this reply to the school.

Part VI: Applicant's Declaration

I, _____ (Applicant's Name), hereby declare: (a) I have the responsibility to complete this application form in detail and truthfully, and to provide copies of the required supporting documents; all information provided is accurate. (b) I authorise W F Joseph Lee Primary School to review my application (including home visits and detailed investigations). (c) I understand that if the information provided is incomplete, if facts are concealed, or if false and misleading information is provided, the application will be delayed or may not be processed further. The school has the right to cancel my application eligibility and to demand the return of all funds granted. (d) I understand that if there are changes in my family's financial situation that may affect the tuition fee reduction, such as a promotion or salary increase, I must promptly inform the school so that the tuition fee reduction can be adjusted in a timely manner.	
Date: _____	Applicant's Signature: _____

Remarks:

- Under the Personal Data (Privacy) Ordinance, the applicant has the right to access and correct the personal information provided.
- The information in this application form will only be used for the approval of the 'School Fee Remission Scheme'.
- Our school values the privacy of students' parents and will not disclose the applicant's personal/family information to others unless consent has been obtained from the applicant.

Applicant's Name: _____

Appendix 1
(if applicable)

Self-prepared Income Breakdown

(For hawker / general worker / casual worker who cannot provide income proof)

(Please fill in all of the following items)

* If income proof documents cannot be submitted, a statutory declaration must be provided.

Family Member's Name : _____ (Each self-prepared income breakdown should contain the income information of ONE family member only) Nature of Industry (e.g. Construction): _____ Position (e.g. General Worker): _____ Actual Income (We do not accept estimates; please report actual income. If there is no income for that month, please enter \$0. Do not leave any month blank. In addition, for payment made in arrears, for instance, if the payment date of your salary for August is in September, you should fill in the salary amount in the month of August, etc.)			
Total income over the past 12 months (from 1 April 2025 to 31 March 2026): (Please enter this amount in the 'Family Income' section of Part IV of the form.)			
April 2025	\$ _____	Oct 2025	\$ _____
May 2025	\$ _____	Nov 2025	\$ _____
June 2025	\$ _____	Dec 2025	\$ _____
July 2025	\$ _____	Jan 2026	\$ _____
Aug 2025	\$ _____	Feb 2026	\$ _____
Sept 2025	\$ _____	Mar 2026	\$ _____
Total Annual Income :			
Payment method (Please put "✓" in the appropriate box. More than one item may be selected.) ☐ A. By Cash / Cash cheque ☐ B. By Cheque / Direct credit (Please provide a copy of the transaction record together with the page showing the name of the bank account holder, circle the entries and highlight the total amount with colour for verification. For any entries other than income, please also make necessary remarks next to them, or else the School may include the amount in calculating your family income.) Reason for not being able to provide income proof documents (Please check the appropriate box with '✓'). ☐ A. No fixed employer ☐ B. The previous employer's company has closed, and I am unable to obtain proof from the former employer and have no other income proof. ☐ C. Others, please specify: _____ Declaration: I hereby declare that the above information is complete and accurate. Signature of family member engaged in the above occupation (if not the applicant): Applicant's Signature : _____ Date : _____			

For School Use (to be completed by the School Office)

School office:

Information Verification:

☐ Copies of the following government or other agency funding proof documents have been submitted:

☐ Comprehensive Social Security Assistance

☐ Full grant of School Textbook Assistance Scheme

☐ Half grant of School Textbook Assistance Scheme

☐ Other reasons : _____

☐ Copies of family income proof documents have been submitted, and the average monthly family income calculated is: _____

Staff Signature: _____ (Staff Name : _____) Date : _____

Eligibility level: ☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ 0%

Group		Monthly Family Income (for a family of 3)	Level of Remission
A	1. Applicants receiving Comprehensive Social Security Assistance (CSSA)	Less than \$18,681	100%
		\$18,681 to \$24,260	75%
	2. Applicants eligible for financial assistance under the Student Financial Assistance Agency (SFAA) (FULL or HALF)	\$24,261 to \$29,840	50%
B	Families who can submit proof documents	\$29,841 to \$31,240	25%

Fee remission period: From _____ to _____

Processed and vetted by: _____ Signature : _____

Name of Principal: _____ Signature : _____ Date : _____

Finance Department : (if applicable)

Refund Amount : _____ Monthly Remission : _____ Monthly School Fee : _____

Staff : _____ (Staff Name: _____) Date : _____