



# Po Leung Kuk Lam Man Chan English Primary School

## 保良局林文燦英文小學

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### School Fee Remission Scheme 2024-2025 Application Form

- ☐ First application  
☐ Non-first application

#### Part I Particulars of Student (Please fill in BLOCK LETTERS; for applicants who have more than one child studying at this school, please list them below from the youngest to the eldest)

1. Name in English (Surname) \_\_\_\_\_ (Given name) \_\_\_\_\_  
2. Name in Chinese \_\_\_\_\_ 3. Class/No. P. \_\_\_\_\_ ( )  
4. ID Card/Passport No. \_\_\_\_\_

1. Name in English (Surname) \_\_\_\_\_ (Given name) \_\_\_\_\_  
2. Name in Chinese \_\_\_\_\_ 3. Class/No. P. \_\_\_\_\_ ( )  
4. ID Card/Passport No. \_\_\_\_\_

1. Name in English (Surname) \_\_\_\_\_ (Given name) \_\_\_\_\_  
2. Name in Chinese \_\_\_\_\_ 3. Class/No. P. \_\_\_\_\_ ( )  
4. ID Card/Passport No. \_\_\_\_\_

#### Part II Particulars of Applicant (Please fill in BLOCK LETTERS)

1. Name in English (Surname) \_\_\_\_\_ (Given name) \_\_\_\_\_  
2. Name in Chinese \_\_\_\_\_ 3. ID Card/Passport No. \_\_\_\_\_  
4. Correspondence Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
5. Contact No. (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
Office (if applicable) \_\_\_\_\_

☐ Please provide  
residential /  
rental lease

### Part III Financial Condition of Applicant

**For applicants who have applied “Comprehensive Social Security Assistance” or “School Textbook Assistance Scheme”, please fill in Box A or B and also Part V:**

#### A. Comprehensive Social Security Assistance(CSSA) Scheme Information

1. CSSA Scheme Reference Number: _____
2. Attachment of the most recent statement showing entitlement to allowance under the Comprehensive Social Security Assistance (CSSA) Scheme for the year 2024-2025 from Social Welfare Department of Hong Kong.

#### B. School Textbook Assistance Scheme Information

1. School Textbook Assistance Scheme Reference Number: _____
2. Attachment of the most recent document from Student Financial Assistance Agency (SFAA) of Hong Kong showing entitlement to assistance for school year 2024-2025 under the School Textbook Assistance Scheme.

**For applicants who have not applied “Comprehensive Social Security Assistance” or “School Textbook Assistance Scheme”, please fill in all parts of the following and Appendix I:**

#### C.

##### 1. Particulars of the family members (Please fill in BLOCK LETTERS)

##### A. Spouse (The marriage condition from 1<sup>st</sup> April of that particular year up to now)

<input type="checkbox"/>	<b>Married</b>
	English name _____ (surname) (given name)
	Chinese name _____
	ID Card/Passport No. _____
	Date of birth _____(yyyy) _____(mm) _____(dd)
<input type="checkbox"/>	Divorced / separated / widowed / unmarried / other: _____ (Please cross out where inappropriate, and provide relevant document for the proof of marriage except the condition of unmarried)

##### B. Unmarried children residing with the family (Please list out the children who are not studying at this school from the youngest to the eldest)

1.	English name _____ (surname) (given name) Chinese name _____ ID Card/Passport No. _____ Date of birth _____(yyyy) _____(mm) _____(dd) 1 <sup>st</sup> April of that particular year up to now, he/she is (under education / in employment / unemployed / other: _____)
2.	English name _____ (surname) (given name) Chinese name _____ ID Card/Passport No. _____ Date of birth _____(yyyy) _____(mm) _____(dd) 1 <sup>st</sup> April of that particular year up to now, he/she is (under education / in employment / unemployed / other: _____)

3. English name \_\_\_\_\_  
(surname) (given name)

Chinese name \_\_\_\_\_

ID Card/Passport No. \_\_\_\_\_

Date of birth \_\_\_\_\_ (yyyy) \_\_\_\_\_ (mm) \_\_\_\_\_ (dd)

1<sup>st</sup> April of that particular year up to now, he/she is (under education / in employment / unemployed / other: \_\_\_\_\_)

**C. Dependent parent(s) who are supported by the applicant and residing with the family**

1. English name \_\_\_\_\_  
(surname) (given name)  
Chinese name \_\_\_\_\_  
ID Card/Passport No. \_\_\_\_\_  
Date of birth \_\_\_\_\_ (yyyy) \_\_\_\_\_ (mm) \_\_\_\_\_ (dd) Age: \_\_\_\_\_

2. English name \_\_\_\_\_  
(surname) (given name)  
Chinese name \_\_\_\_\_  
ID Card/Passport No. \_\_\_\_\_  
Date of birth \_\_\_\_\_ (yyyy) \_\_\_\_\_ (mm) \_\_\_\_\_ (dd) Age: \_\_\_\_\_

## 2. Employment condition

Occupation of the applicant: \_\_\_\_\_

Name of company: \_\_\_\_\_

Company's address: \_\_\_\_\_

Company's phone number: \_\_\_\_\_

Occupation of the spouse: \_\_\_\_\_

Name of company: \_\_\_\_\_

Company's address: \_\_\_\_\_

Company's phone number: \_\_\_\_\_

**3. Gross annual income of the whole family (Income with relevant proof during the period from 1<sup>st</sup> April to 31<sup>st</sup> March of the previous financial year.)**

- a. Gross annual income of the applicant HK\$ \_\_\_\_\_
- b. Gross annual income of the spouse HK\$ \_\_\_\_\_
- c. Gross annual income of the unmarried residing children HK\$ \_\_\_\_\_

1. If you have filled Box B particulars of any member who is not a self-bearing child of yours, please “✓” [ ] yes  
the appropriate box at the right, specify his/her name and state the reasons for declaring him/her as a  
family member.

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2. If you have special financial hardship / incurred medical expenses for family members who are [ ] yes  
chronically ill or permanently incapacitated, please “✓” the appropriate box at the right, state details of  
the situation, relevant duration and submit supporting documents.

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## Part V Declaration

After reading the application guide for school fee remission scheme 2024-2025 of Po Leung Kuk Lam Man Chan English Primary School, I hereby declare that:

- (a) The information in this application and the supporting documents provided by me are true and complete. I understand and consent that (i) the School will assess the eligibility and assistance level of my family based on the information provided by me; (ii) the School will select a number of successful applications for counter-checking including home visits. I and my family members will fully cooperate with staff of the School; and (iii) the School may make adjustment to the assistance level awarded based on the finding of authentication. Any misrepresentation and concealment of facts or intentional obstruction of School staff in their course of investigation will lead to disqualification, restitution in full of the assistance granted and possible prosecution.
- (b) I hereby authorize and agree the Incorporated Management Committee of Po Leung Kuk Lam Man Chan English Primary School (IMCLMC) or the School to check and compare the personal data and information provided above with personal data and information collected by the IMCLMC or the School for the purpose of comparison and verification. The IMCLMC or the School may use such comparison for the purpose of taking any appropriate action against me as required.
- (c) I expressly authorize and agree the IMCLMC or the School to collect all necessary information or personal data from my present/former employers and from any other third parties (e.g. Social Welfare Department, Student Financial Assistance Agency) having information related to income for the purpose of verification of the information provided herein.
- (d) I further expressly agree that any other third parties (e.g. Social Welfare Department, Student Financial Assistance Agency) having information related to my income to supply my personal data and information to the IMCLMC or the School for comparison and verification of the information provide herein.
- (e) I hereby understand and agree that so long as the application for school fee remission is still in the process of being reviewed and no ultimate result is reached by the School, I shall continue to pay the monthly school fees.
- (f) In the event that the student withdraws from School during the period in which the application for school fee remission is still underway and that the result is still pending, I fully understand that such school fee remission application will not be considered by the School and will be treated as cancelled henceforth.

Name of Applicant: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**General Situation of Monthly Expenses**

Number of family members: \_\_\_\_\_

Family total income: \_\_\_\_\_(monthly)

Expenses (e.g. expenses on clothing, meals, accommodation/shelter, transportation) valid receipt for proofing is necessary

I hereby declare that the information I provided in the application of School Fee Remission Scheme 2024-2025 is true, complete and accurate.

Signature of Applicant: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

(Per bank book)

**Copies of Identity (HKID) Cards**

(If the HKID Card is not available, please attach copies of other identity documents)

Copy of the ID Card of the applicant	Copy of the ID Card of the spouse
Copy of the ID Card of the family member	Copy of the ID Card of the family member
Copy of the ID Card of the family member	Copy of the ID Card of the family member
Copy of the ID Card of the family member	Copy of the ID Card of the family member

## **Checklist of documents**

**Please check carefully if you have submitted all the documents you required, put ☒ on the list and delete the inappropriate.**

### **Documents for identification**

- ☐ The HKID Card / Passport copy of the applicants
- ☐ The HKID Card / Passport copy of the spouse
- ☐ The HKID Card / Passport copy of the family members stated on the form
- ☐ Proof of marriage condition

### **Documents of Income**

- ☐ The income proof of the applicant, the spouse and unmarried residing family members during 1<sup>st</sup> April to 31<sup>st</sup> March of the previous financial year, e.g. income certificate, the Employer's Return of Remuneration and Pensions (IR56B), Company Profit and Loss Account or other income proof. (For unemployed, please submit the proof like reference letter or certificate of Employees Training Course taken);

### **Documents of Bank**

- ☐ The bank book / monthly statement that shows the record of deposit and draw during the period of 1<sup>st</sup> April to 31<sup>st</sup> March of the previous financial year of the applicants and the spouse, please include the copy of the first page which is showing the holder's name and the account number. (Include the accounts that closed between 1<sup>st</sup> April to 31<sup>st</sup> March of the previous financial year)
- ☐ The receipt or notification of the account summary of time account at 31<sup>st</sup> March of that particular year.

### **Documents of Expenses**

- ☐ The medical receipt of family members who are chronically ill or permanently incapacitated during the period of 1<sup>st</sup> April to 31<sup>st</sup> March of the previous financial year.

### **Other documents**

- ☐ Notification of result of the Application for Assessment of Eligibility Financial Assistance of 2022-2023 or
- ☐ The proof of receiving Comprehensive Social Security Allowance (CSSA) from 1<sup>st</sup> April of that particular year to now of the family members (include certificate of CSSA recipients (for Medical Waivers) issued by the Social Welfare Department and the notification letter of application result);
- ☐ The expense proof of applicants or the spouse supporting the parents who are living in elderly home during the period of 1<sup>st</sup> April to 31<sup>st</sup> March of the previous financial year
- ☐ All documents related to this application, please state: \_\_\_\_\_