

## Ying Wa Primary School 2024-2025

## Extracurricular Activities Fee Reduction Application Form

| Application No. | (2024/25) |
|-----------------|-----------|
| (for official   | use only) |

| Dart | 1. | Stud | ent In | form | ation |
|------|----|------|--------|------|-------|
| rail | Ι. | OHIG | еш ш   |      | инон  |

| Chinese Name   | Class   | S   |
|--|---|---|
| English Name   | ID Ca   | ard/Birth Cert. No.   |
|  |   |   |
| Part 2: Applicant Ir   | nformation  |   |
| Chinese Name   | ID Ca   | ard   |
| English Name   | Conta   | act No.   |
| Mailing Address  |   |   |
| choice)  Granted full/h  Applied for su Parts 4 to 6)  Approved for fill out Parts 4 | Fee Reduction Application (Please check ✓ the alf subsidy by the Student Financial Assistance absidy from the Student Financial Assistance Agreement Comprehensive Social Security Assistance by the to 6, please attach relevant proof documents) of the above categories but need to apply due to the above categories but need to apply due to the student of the student proof documents. | Agency (No need to fill out Parts 4 to 6) gency, pending approval (No need to fill out he Social Welfare Department (No need to |
|  |   |   |

Part 4: Family Member Information (Applicant, applicant's spouse, unmarried children living with the applicant's family, and parents supported by the applicant and/or his/her spouse)

| Role            | Chinese | Age | HKID No. | Status in the past 12 months                         |  |
|-----------------|---------|-----|----------|--|--|
|                 | Name    |     |          |  |  |
| Applicant       |         |     |          | □Employed □Homemaker □Other                          |  |
| Applicant's     |         |     |          | □Employed □Homemaker □Other                          |  |
| Spouse          |         |     |          |  |  |
| Unmarried       |         |     |          | □Employed □Studying □Other                           |  |
| Children living |         |     |          | □Employed □Studying □Other                           |  |
| together        |         |     |          | □Employed □Studying □Other                           |  |
|                 |         |     |          | Support situation (Circle one appropriate item)      |  |
|                 |         |     |          | A. Residing with the applicant's family              |  |
|                 |         |     |          | B. Residing in another self-owned or rented          |  |
| Supported       |         |     |          | residential unit by the applicant/applicant's spouse |  |
| Parents         |         |     |          | C. Residing in their own property, rented unit, or   |  |
|                 |         |     |          | elderly home, and fully supported by the             |  |
|                 |         |     |          | applicant/applicant's spouse                         |  |
|                 |         |     |          | Support situation (Circle one appropriate item)      |  |

|                          |                 |                        | <ul><li>A. Residing with the applicant's family</li><li>B. Residing in another self-owned or rented</li></ul> |                        |                        |  |
|--------------------------|-----------------|------------------------|---|------------------------|------------------------|--|
|                          |                 |                        |   |                        |                        |  |
|                          |                 |                        | residential unit by t   | he applicant/applica   | nt's spouse            |  |
|                          |                 |                        | C. Residing in their  | own property, rente    | ed unit, or            |  |
|                          |                 |                        | elderly home, and f   | fully supported by th  | e                      |  |
|                          |                 |                        | applicant/applicant   | 's spouse              |                        |  |
|                          |                 |                        |   |                        |                        |  |
| Part 5: Family Income In | nformation      |                        |   |                        |                        |  |
| Please provide income a  | nd related info | ormation for yoursel   | f and family member   | s from 1st April, 202  | 3, to 31 <sup>st</sup> |  |
| March, 2024. If you are  | a homemaker     | , retired, unemployed  | d, etc., please specify   | the circumstances a    | nd relevant            |  |
| period.                  |                 |                        |   |                        |                        |  |
| Applicant and            | Occupation      | Company Name           | Office Phone No.  | *Total Annual          | For                    |  |
| Family Members           |                 |                        |   | Income(\$)             | Official               |  |
|                          |                 |                        |   |                        | Use                    |  |
| (a) Applicant            |                 |                        |   |                        |                        |  |
| (b) Spouse               |                 |                        |   |                        |                        |  |
| (c)                      |                 |                        |   |                        |                        |  |
| (d)                      |                 |                        |   |                        |                        |  |
| (e) Other Income (if ap  | plicable): *Re  | ent/Alimony/Financi    | al assistance from  |                        |                        |  |
| relatives/Monthly retire | ement pension   | Orphan's widows'       | pension/Disability  |                        |                        |  |
| pension (*Circle the ap  | propriate cho   | ice)                   |   |                        |                        |  |
| Other (Please specify)_  |                 |                        |   |                        |                        |  |
|                          |                 | Total:                 | (a)+(b)+(c)+(d)+(e)   |                        |                        |  |
| Are the applicant and fa | amily member    | rs currently receiving | g other financial assis   | tance?                 |                        |  |
| ☐ Yes (Please specify:   |                 | ) Amo                  | unt: \$   | □ No                   |                        |  |
| * Income to be reported  | : Salary (full- | time, part-time, wag   | es from short-term w  | ork, excluding provi   | dent fund or           |  |
| mandatory provident fur  | nd), double pa  | y, holiday pay, allow  | vance, bonus, commis  | ssion, petty cash, sev | erance                 |  |
| payment received due to  | dismissal, bu   | siness/investment pr   | rofits, fixed deposits,   | interest income from   | stocks, etc.           |  |
|                          |                 | _                      | _   |                        |                        |  |
| Part 6: Other Relevant F | amily Situation | on Information         |   |                        |                        |  |
| If you or your family me | embers have s   | pecial financial diffi | culties or need to bear   | r medical expenses f   | or family              |  |
| members with chronic il  | lnesses or per  | manent disabilities,   | please provide details  | and provide relevan    | it proof               |  |
| documents. If necessary, | _               |                        | <del>-</del>  | -                      | -                      |  |
|                          | -               |                        |   |                        |                        |  |
|                          |                 |                        |   |                        |                        |  |
|                          |                 |                        |   |                        |                        |  |
|                          |                 |                        |   |                        |                        |  |
| Part 7: Subsidy Applicat | tion Items      |                        |   |                        |                        |  |
| Extracurricular Activit  | tv              |                        | _   | Verified (for o        | fficial use            |  |
| Name                     | Co              | urse Dates             | Fee   | only)                  |                        |  |
| -                        |                 |                        |   |                        |                        |  |
|                          |                 |                        |   |                        |                        |  |

## Part 8: Declaration

I fully understand and agree to the arrangements related to applying for extracurricular activities fee reduction. I hereby declare:

- 1. I certify that the information provided in this application form and the supporting documents submitted by me are true and accurate. Otherwise, I will bear legal responsibility.
- 2. I agree that the school may verify and disclose the personal information provided by me in this application form to relevant individuals and organizations.
- 3. I have informed the family members listed in this application form that their personal information has been provided to Ying Wa Primary School for the purpose of applying for extracurricular activities fee reduction.
- 4. I will promptly notify the school if there are any changes to the information provided.
- 5. I understand that all submitted supporting documents will not be returned.