



Ying Wa Primary School
School Fee Reduction Application Form 2024-2025
(As on 30 May 2024)

Appl no.: (2024/25)
(For official use only)

Part A Student's particulars

Name in Chinese		Class	
Name in English		ID No./ Birth Cert No.	

Part B Applicant's particulars

Name in Chinese		ID No.	
Name in English		Telephone	
Address			

Part C Reason of application (Please ✓ one box)(* Please circle)

- ☐ Having received *full-subsidy / half subsidy from SFAA (no need to fill in Part D-F, please submit relevant documents)
- ☐ Pending approval from SFAA on subsidy application (no need to fill in Part D-F)
- ☐ Having received CSSA (no need to fill in Part D-F, please submit relevant documents)
- ☐ Not belonging to any of the above, but having financial needs (must fill in Part D&E)

Part D Particulars of family members living together

	Name in Chinese	Age	ID No.	Status in the past 12 months
Applicant				<input type="checkbox"/> employed <input type="checkbox"/> housewife <input type="checkbox"/> others_____
Applicant's spouse				<input type="checkbox"/> employed <input type="checkbox"/> housewife <input type="checkbox"/> others_____
Unmarried children residing with the family				<input type="checkbox"/> employed <input type="checkbox"/> studying <input type="checkbox"/> others _____
				<input type="checkbox"/> employed <input type="checkbox"/> studying <input type="checkbox"/> others _____
				<input type="checkbox"/> employed <input type="checkbox"/> studying <input type="checkbox"/> others _____
Dependent Parents				Status (Please circle one appropriate box) <input type="radio"/> A residing with the applicant <input type="radio"/> B residing at another residential premises or rented by the applicant or his/her spouse <input type="radio"/> C residing in his/her own premises, rented premises or elderly homes and is totally supported by the applicant or his/her spouse
				Status (Please circle one appropriate box) <input type="radio"/> A residing with the applicant <input type="radio"/> B residing at another residential premises or rented by the applicant or his/her spouse <input type="radio"/> C residing in his/her own premises, rented premises or elderly homes and is totally supported by the applicant or his/her spouse

Part E Information of family income

Please provide us with the information about your family income in the period between 1 April 2023 and 31 March 2024. For statuses such as housewife, retired and unemployed, please indicate such status and its period.

Applicant and family members	Occupation	Organization	Office telephone no.	※ Yearly income (\$)	(For official use)
(a) Applicant					
(b) Spouse					
(c)					
(d)					
(e) Other income (if applicable): *rental / maintenance (spousal support) / support from relatives / monthly payment from Occupational Retirement Schemes Ordinance / widows' & children's fund / gratuity (*please circle) others (please specify)_____					
Total : (a)+(b)+(c)+(d)+(e)					
Are the applicant and his/her family member(s) currently receiving aids from other funds? <input type="checkbox"/> Yes(Please specify : _____) Amount : \$ _____ <input type="checkbox"/> No					

※ The income should involve: salary(including the salary for full- time, part- time, temporary job, excluding Mandatory Provident Fund / Provident fund), double pay, pay during holiday, subsidy, year-end bonus, award, commission, tip, payment in lieu of notice for employment termination, profit from business / investment, interests from fixed deposits, stocks and shares etc.

Part F Other special information about family situation

If you are suffering from any special financial burden, including the medical expenses for family member(s) with long-term illness and/or disability, please specify and provide us with supporting documents. You may attach extra sheet(s) if needed.

Part G Declaration

I have totally understood and agreed with the policy and procedure of the application of the School Fee Reduction.

I hereby declare that:

1. I have filled in this form truthfully and accurately and have provided truthful supporting documents. I understand I am liable for providing false information.
2. I agree that the school can approach relevant people and organization to verify what I have provided in this application.
3. I have notified the family member(s) indicated in this form that their personal information will be provided to the school for the purpose of this School Fee Reduction application.
4. I will immediately inform the school if there is any change to what I have provided in this application.
5. I have understood that the documents being submitted in this application will not be returned.

Date : _____

Applicant's signature : _____