香港神託會培基書院



Stewards Pooi Kei College

Application Form for Student Activity Subsidies 學生活動資助申請表格

FOR OFFICIAL USE 由校方填寫
Application No.申請編號

		Application No.申請編號
Part A	Particulars of Student	
第一部分	學生資料	
Full Name in Englis	h (Surname first, followed by First Name)	
英文姓名(先填姓	氏,後寫名字)	
Full Name in Chine	ese	
中文姓名		
Student ID No.		a
學生編號		S
	this School Year (Class Number)	
本學年就讀班別 (
Relationship with A		
與申請人的關係	pprount	
ンベートロカノくロブリタロブハ		
Part B	Particulars of Applicant	
第二部分	申請人資料	
为一 即刀	中明八貝州	
Full name in English	(Surname first, followed by First Name)	
英文姓名(先填姓	氏,後寫名字)	
Name in Chinese		
中文姓名		
Hong Kong Identity	y Card No.	
香港身份證號碼		
Year of Birth		
出生年份		
		□ Married 已婚
Marital Status		Separated 分居 / Divorced 離婚 / Spouse deceased 喪
婚姻狀況		偶* (Please provide a copy of relevant supporting documents. There is no need to provide the information of spouse in Part
		E. 請提供有關文件之副本,並無須在申請表第五部分提
		供配偶資料。)
D 11 11 11 11		
	s (in English block letters)	
居住地址(請以英文	工止楷填寫)	
Correspondence Address (if different from above)		
通訊地址(如與以_	上不同))	
Residential Phone I	No.	
住宅電話號碼		
Office/Other Contact No(s).*		
辦事處 / 其他聯約		
Mobile Phone No.		
手提電話號碼		

E-mail Address (if a	nnv)					
電郵地址(如有)						
* Please delete as app	propriate 請删去不適用者					
Part C 第三部分	Details of the Activity Enro 所參加之活動資料	olled				
Full Name of Activi 活動全名	ity					
Date of Activity 活動日期						
Fee of Activity 活動費用		\$				
Part D 第四部分	Financial Assistance Curre 現正領取之資助	enly Re	ceiving			
Relevant supporting d	ocuments are required. 必須提供	:證明文/	华 。			
11 5	Nature of financial assistance 資助性質					
1. Comprehensive 綜合社會援助仍	Social Security Assistance Scher R障計劃		□ No 沒有	□ Yes 有		
2. School Textbook Assistance / Student Travel Subsidy Scheme under Working Family Student Financial Assistance Agency 在職家庭及學生資助辦事處之書薄或車船津貼			□ No 沒有	□ Yes 有		
3. SPKC Fee Remission Scheme 本校學費減免計劃			□ No 沒有	□ Yes 有		
# Applicants who are receiving any of the above financial assistance can ignore Parts E & F and fill in Part G ONLY. 申請人如已接受以上任何一項資助計劃,只需直接填寫第七部份聲明書。						
4. Others 其他	4. Others 其他					
Please specify (請註明)		金額 \$			

Part E Family Members Note 1 and Annual Income 第五部分 家庭成員 及全年收入

Total income of family members from 1 April of the last year to 31 March of this year. 家庭成員由去年 4 月 1 日至本年 3 月 31 日期間之總收入。

Names of Family Members Name (Including SPKC Student) 家庭成員姓名 (包括本校學生)	HKID Card / Birth Registration Cert. No. 香港身份證/ 出生證明書號碼	Relationship with Applicant 與申請人的關係	Position 身份	Annual Income* 全年總收入(\$)*
		1. Applicant 申請人	□ Employee (Please complete Appendix A) 受僱 (請填附頁 A) □ Self Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) □ Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C) □ Unemployed 失業 □ Student 學生	(Without decimal places 不用填寫小數位)
		2. Spouse 配偶	□ Employee (Please complete Appendix A) 受僱 (請填附頁 A) □ Self Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) □ Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C) □ Unemployed 失業 □ Student 學生	(Without decimal places 不用填寫小數位)
		3. Family Members 家庭成員	□ Employee (Please complete Appendix A) 受僱 (請填附頁 A) □ Self Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) □ Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C) □ Unemployed 失業	(Without decimal places 不用填寫小數位)
		Relationship 關係	□ Student 學生 □ Dependent Parent (Please complete Appendix G)受供養父母(請填附頁 G)	
		4. Family Members 家庭成員	□ Employee (Please complete Appendix A) 受僱 (請填附頁 A) □ Self Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) □ Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C)	(Without decimal places 不用填寫小數位)
		Relationship 關係	□ Unemployed 失業 □ Student 學生 □ Dependent Parent (Please complete Appendix G)受供養父母(請填附頁 G)	
		5. Family Members 家庭成員	□ Employee (Please complete Appendix A) 受僱 (請填附頁 A) □ Self Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) □ Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C)	(Without decimal places 不用填寫小數位)
		Relationship 關係	□ Unemployed 失業 □ Student 學生 □ Dependent Parent (Please complete Appendix G)受供養父母(請填附頁 G)	
		6. Family Members 家庭成員	□ Employee (Please complete Appendix A) 受僱 (請填附頁 A) □ Self Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) □ Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C)	(Without decimal places 不用填寫小數位)
		Relationship 關係	□ Unemployed 失業 □ Student 學生 □ Dependent Parent (Please complete Appendix G)受供養父母(請填附頁 G)	

	Other Income (Please complete Appendix D) 其他收入(請填附頁 D)	x 10%	(Without decimal places 不用填寫小數位)
	Investment (Please complete Appendix E) 投資(請填附頁 E)	x 10%	(Without decimal places 不用填寫小數位)
	Deduct Medical Expenses Incurred by Family Member(s) with Chro (Please complete Appendix H) 扣減家庭成員痼疾的醫療開支(請填附頁 H)	onic Illness	(Without decimal places 不用填寫小數位)
	Summary of Family Annual 家庭全年	Income (\$) :總收入(\$)	(Without decimal places 不用填寫小數位)

Part F 第六部分	Additional Information and Special Circumstances which you would like to be considered (Please use separate sheets if necessary) 附加資料及應予特別考慮的情況(如有需要,可另加紙補充)

Part G	Declaration
第七部分	聲明

I have read the "Guidelines for Application for Student Activity Subsidies". I fully understand and agree to the arrangements stated therein in relation to my application. I hereby declare that:

- 1. The information in this application form and the supporting documents provided by me are true, complete and accurate. I understand and consent that **Stewards Pooi Kei College "the School"** will assess the eligibility and assistance level of my family based on the information provided by me; the School is authorized to conduct authentication of my application (including but not limited to home visits and random checking) to verify whether the information provided therein is true, complete and accurate. I and my family members will fully cooperate with staff of the School; and the School may make adjustment to the assistance level/ amount of financial assistance granted based on the findings of authentication. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of school staff in their course of authentication will lead to disqualification of issued notification letter, restitution in full of the assistance granted and possible prosecution. I commit to refund the School any overpayment of financial assistance granted, including financial assistance provided under all financial assistance schemes administered by the School, immediately upon request.
- 2. I give consent to the School and its authorized bodies to process my application and us the personal data provided to the school in connection with this application form in accordance with Part C of the General Guidance and to liaise with related parties to verify and disclose the information provided by me.
- 3. I am authorized by all the family members listed in this application form to give consent and hereby give consent on their behalf to the School and its authorized bodies to access such family members' personal data in accordance with Part C of the Guidelines and to liaise with related parties to verify and disclose the information provided to the school.

本人已細閱**「學生活動資助申請指引」**,並完全明白及同意申請資助的有關安排,本人特此承諾及保證遵守從一切 在「申請指引」內列出的要求及細則作此申請。本人特此聲明:

- 1. 這份申請表內填報的資料及本人陳述和提交的證明文件均屬真實、完整和準確。本人明白及同意**香港神託會培基書院**(下稱「校方」)將根據本人在申請表格所提供的一切資料評估本人家庭的資助及幅度;及校方有權覆核本人的申請,包括但不僅限於以家訪或抽樣調查方式查證,以確實本人提供的資料是真實、完整和準確,本人及本人家庭成員必與校方職員充分合作;及校方校可能會根據調查結果調整本人的資助幅度和資助額。如虛報、隱瞞事實、提供錯誤或誤導的資料,或故意阻撓校方職員進行調查,校方有權即時使該項申請失效或使已簽署的申請結果失效,及取消本人的申請資格,並要求本人退還全部獲發的資助款項,本人亦可能因此被法律訴訟/檢控。本人承諾會在校方的要求下立即將多付予本人的資助歸還校方。
- 2. 本人同意校方及其授權的機構根據「申請指引」內的 C 部處理及使用本人在申請表內提供的個人資料,並向有關人士及機構查核及透露有關的個人資料。
- 3. 本人獲本表格內列出的其他家庭成員授權同意,並特此代表他們同意校方及其授權的機構可根據「申請指引」 內的C部處理及使用他們的個人資料,並同意向有關人士及機構查核及透露他們在此申請表內填報的個人資料。

☐ I would like to receive informat	ion of grants or subsidies offered by other organizations (such as the Sir Edward Youde
Memorial Fund Scheme) throug	h email from the School.
本人希望日後收到校方透過電	郵發出有關其他機構或組織 (如: 尤德爵士紀念基金) 的資助計劃資料。
E-mail Address:	
電郵地址:	
Signature of Applicant:	
申請人簽署:	
HKID Card No. of Applicant:	
申請人香港身份證號碼:	()
Date:	
日期:	

Explanatory Notes for the Application Form:

- Note 1 The members of a family normally refer to the applicant, his / her spouse, unmarried child / children residing with the family and the dependent parent(s) who are supported by the applicant and / or his / her spouse.
- Note 2a Sources of family income include any monthly, daily or other kinds of wage (e.g. salary/commission, double pay/ leave pay/ bonus/ contract gratuity, housing/education/shift/ meal/travel allowance etc.), investment income (e.g. interest, share dividends and profit from securities trading etc.), property income (e.g. rental and trading profit etc.). Severance, long service payment, traffic accident/ insurance/injury indemnity, one-off retirement gratuity / provident fund and comprehensive social security assistance are not included.
- Note 2b Documentary evidence is required for various incomes. Please refer to Point I "Documentary Evidence Required" of "Guidelines for Application for Student Activity Subsidies".
- 註 1 家庭成員指申請人、申請人的配偶、與申請人家庭同住的未婚子女,以及由申請人及/或其配偶供養的父母。
- 註 2a 有關家庭收入來源,包括工作方面的收入,不論是月薪、日薪或任何有價值之報酬(如工資、佣金、雙糧、花紅、房屋及教育津貼等),投資收入(如銀行利息、股息及證券買賣獲得之收益等),物業所得租金及商業盈利或所分享的部分盈利。唯收入不包括長期服務金、因工傷而獲得的補償或從社會福利援助計劃所得的款項。
- 註 2b 各種收入必須附有證明文件,詳情請參閱「學生活動資助申請指引」第 I 項「所需之證明文件」。

DECLARATION

Of	I,	(Name) (Home Address)
	emnly and sincerely declare that:	,
(1)	I am the (State relationship, father/mother/legal	guardian*)
	of the student,, (State the name of the student).	
(2)	The information provided in this application is true and complete to the best of my kno	wledge.
(3)	I am aware that Stewards Pooi Kei College will determine the student's fee reminformation provided in the application.	ission based on the
and	And I make this solemn declaration conscientiously believing the same to be true and by Declarations Ordinance.	y virtue of the Oaths
De	eclared at	
thr of the tru to	e said interpreter having been also first declared that he /she * had aly, distinctly and audibly interpreted the contents of this document the declarant, and the he/she* would truly and faithfully interpret	e of declarant)
	Commissioner for Oaths	
de	of , solemnly and sincerely declare that I well understand the nguages and that I have truly, distinctly and audibly interpreted the contents of t clarant , and that I will truly and faithfully interpret the deministered to him/her*.	this document to the
	the HKSAR this day of Before me,	
	Commissioner for Oaths (signature	e of delcarent)

^{*}Please delete where appropriate

Declaration Form- For Reference Only 宣誓聲明 - 只供參考

聲明					(
本人, 現居於					(姓名) (住址)
謹以至誠鄭重聲明:					
(1)本人是					(學生姓名)的
				(請申報關係	父/母/合法監護人*)
(2)據本人所知‧在這	份申請表所填的	各項資料,	均屬正確無訊	t。	
(3)本人知道香港神託	會培基書院將根	據申請表格	上所填報的資	資料評估學生之	學費減免。
本人謹憑《宣誓及聲	聲明條例》衷誠作	出此項鄭重	達明,並確何	言其為真確無訊	<u>-</u> 0
此項聲明於 在香港特別行政區	年	月	日作出,		
在香港行列行政區 是經由	,現於		作曲,		
任職 先行聲明,他已將本文作 聞的傳譯,並會將本人E 譯。	牛内容向聲明人作		雀及清晰可		
•					(聲明人簽署)
在本人面前作出:					
	監誓員/律師:				
本人 謹以至誠鄭重聲明,本,	現於 人語孰本文件所#	采用的法定言	吾文及		
文,本人i	己將本文件內容符	5聲明人		}	
作真實明確及清晰可聞的 明忠實向其傳譯。	的傳譯,並會將問	叩將為其主持	寺的聲		(傳譯者簽署)
此項聲明於	年	月	日		
在香港特別行政區 在本人面前作出:	+	Л	Н		
	監誓員/律師:				

^{*}請刪去不適用處

Annual Income - For Employees 全年收入—受僱

Appendix A 附頁 A

The Applicant and Family Members' total salary, allowance received or receivable from his/her employer in the past 12 months (From 1 April last year to 31 March this year).

申請人及其家庭成員於過去十二個月(由去年4月1日起至本年3月31日)之收入、津貼或從其僱主獲得之收入。

		,	
Name of Family Member 家庭成員姓名		Relationship with Applicant	
<u> </u>		與申請人的關係	
Name of Employer and Address 受僱機構名稱及地址			
Occupation & Position 職業及受僱職位		Office Tel. No. 受僱機構電話	
	Source of Income ^{Note 2a} 收入來源 ^{胜 2a}		Amount (HK\$) 金額(港幣)
薪酬 / 工資 / 佣金 (不包括僱員	I / Provident Fund contribution by employee) 員強積金 / 公積金供款)		
Double pay / gratuity 雙糧 / 酬金			
Housing / education allowance 房屋教育津貼			
Back pay / payment in lieu of notion 補發薪金 / 代通知金 / 退休或	終止服務時的獎賞或酬金		
Certain payments from retirement 從退休計劃支付的若干款項	schemes		
Others (please specify) 其他			
	in Part C – Total Annual Family Income 请表格第三部分内 - 家庭全年收入總計	Sub-total Income 收入	

Income from all sources must be reported. Please provide details in separate sheets if necessary. 所有有關收入來源均須填報,如有需要,可另加紙補充。

Self-prepared Income Breakdown 收入自述表

(For Self-Employed, e.g. Taxi Driver, Truck Driver, Mini-bus driver, Sole or Partnership Business) #Applicant must complete this form and make declaration of the reasons of no income proof. (適用於自僱人士,如的士司機、貨車司機、小巴司機、獨資經營及合夥業務人士等) #申請人必須填妥此附頁,及聲明未能提供收入證明之原因。

	Name of Family Member	72-4		tionship with A _j 請人的關係	pplicant	
ъ.	家庭成員姓名					
Posi 身份		Self-Employed 經商/自	僱 常務	re of Business 性質		
	npany Name (if any)		71/4/3	<u> </u>		
公司	月名稱 (如適用)					
	npany Address (if any)					
公司]地址 (如適用)	Onevating St.	atement 營業損益			
	Profit and loss of	business in the past 12 mon			31 March th	is year)
		长十二個月之損益狀況 (由	去年四月一日起至	本年三月三十	一日止)	
	n of Operating Income 終收入項目					Amount (HK\$) 金額(港幣)
1.						
2.						
3.						
			(A) To	tal Operating 營業	Income 脊總收入	
	n of Operating Cost 《支出項目					
1.						
2.						
3.						
4.						
5.						
6.						
7.						
			(B)	Total Operati 營業	ing Cost 業總支出	
		unt in Part C – Total Annua <>申請表格第三部分内 - 家		Net Profi	t 淨盈利 (A) – (B)	
Rea	son(s) of no income proof	未能提供收入證明文件原因	₫:		· / · /	
		provided in this declaration				
		offence. In accordance with (Ordinance, any	person offend	I such an offence is
警告	: 本聲明內提供的資料	ctment to imprisonment for 1 必須是完整及真確。任何人 章),任何人如觸犯上述罪	、士透過欺詐手段			屬違法。根據《盜
Sign		engaged in this information		1,000	Date 日期	
						1

Incomes from all sources must be reported. Please provide details in separate sheets if necessary. 所有有關收入來源均須填報,如有需要,可另加紙補充。

Annual Income-For Housewife/ Non-working Group 全年收入—家庭主婦 / 非在職

Appendix C 附頁 C

Self-prepared Income Breakdown 收入自述表

(For Housewife, Non-working Group 適用於家庭主婦 / 非在職人士)

Name of Family Member			ationship with Applicant 申請人的關係		
家庭成員姓名 Position	□ Housewife 宏成			<u>│</u> ▗▄▗▐╘ <i>┾</i> ╾┢╩▗▎▗ <u>┖</u>	
身份			on-working Gro	up 非仕城人士	
	Income note 2a 收入 ^m	`			
Income Statement of the pas 在過去十二個月之收入狀況					
Item of Income 收入項目				Amount (HK\$) 金額(港幣)	
1.					
2.					
3.					
4.					
			(A)Total Income 總收入		
Item of Cost 支出項目					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
			(B) Total Cos 總支出		
	unt in Part C – Total Annus		,		
Reason(s) of no income proof	《申請表格第三部分內 - 家 「未能提供收入證明文件原因		(A) - (B))	
Warning: The Information provided in this declaration must be complete and true. Any person who obtains pecuniary advantage by deception is an offence. In accordance with Cap 201 of Theft Ordinance, any person offend such an offence is liable on conviction upon indictment to imprisonment for 10 years. 警告:本聲明內提供的資料必須是完整及真確。任何人士透過欺詐手段獲得財物/金錢利益,即屬違法。根據《盜竊罪條例》(香港法例第 210 章),任何人如觸犯上述罪行,一經定罪,最高可被判監禁十年。					
Signature of Family Member 6 陳述以上資料人簽署	engaged in this information		Date [日期	

Incomes from all sources must be reported. Please provide details in separate sheets if necessary. 所有有關收入來源均須填報,如有需要,可另加紙補充。

Total other incomes received or receivable from other parties by the Applicant, the Applicant's spouse and other family member(s) normally living in the same principal residence during the period from 1 April of last year to 31 March this year. 申請人、配偶及其他一同居住的家庭成員於去年 4 月 1 日起至本年 3 月 31 日止之其他收入。

Source of other Income 其他收入來源	Applicant 申請人	Applicant's spouse 申請人配偶	Other family member(s) 其他家庭 成員	Amount (HK\$) 金額(港幣)
Interest earned from bank deposit, stocks & shares, etc. 銀行存款 / 股票 / 債券獲取之利息等				
Rental income from property 物業租金收入				
Alimony/living expenses from ex-spouse 贍養費				
Retirement allowance 退休長俸				
Others (Please specify) 其他(請註明)				
Please put this amount in Part C – 請將此金額填寫於申請表格第三	Total 合計			

Incomes from all sources must be reported. Please provide details in separate sheets if necessary. 所有有關收入來源均須填報,如有需要,可另加紙補充。

Stocks / shares / warrants / funds in Hong Kong, Mainland China and other countries on 31 March of this year. 截至本年3月31日於香港、中國大陸及其他海外的股票/股份/認股證/基金。

Name of Owner 持有人姓名	Name of Stocks / shares / warrants / funds 股票 / 股份 / 認股證 / 基金名稱	Quantity 數量	Market Value as on 31 March of this year 截至本年 3 月 31 日之市值
Please put this amount in Pa 請將此金額填寫於申請	Total 合計	HK\$	

Assets Appendix F 附頁 F 資產

The land/properties / car park in Hong Kong, Mainland China and other countries (excluding the principal family residence) owned by the applicant, his/her spouse and other family member(s) normally living in the same principal residence from 1 April last year to 31 March this year.

於去年 4 月 1 日至本年 3 月 31 日期間,申請人、配偶及其他一同居住的家庭成員在香港、中國大陸及其他海外 持有的土地 / 物業 / 停車場。 (主要家庭居所除外)

Name of Owner			
資產持有人姓名			
Address of Assets			
資產地址			
Asset Nature		Purchase Price	IIIZ
資產性質		購買價值	HK\$
Asset Status	□ Empty 空置	Others (Please specify)	
資產狀況	□ Rental 出租	其他 (請註明)	
Mortgage Payment from 1 April last year to 31 March th		is year. (if applicable)	IIIZ¢
去年4月1日至本年3月31日按揭供款額(如適用)			HK\$
Name of Owner			
資產持有人姓名			
A 1.1 C.A			

Name of Owner			
資產持有人姓名			
Address of Assets			
資產地址			
Asset Nature		Purchase Price	TITA
資產性質		購買價值	HK\$
Asset Status	□ Empty 空置	Others (Please specify)	
資產狀況	□ Rental 出租	其他 (請註明)	
Mortgage Payment from 1	April last year to 31 March th	is year. (if applicable)	IIV¢
去年4月1日至本年3月31日按揭供款額(如適用)			HK\$

Please provide details in separate sheets if necessary.

如有需要,可另加紙補充。

Dependent Parent (count as Family Member(s)^{Note 1}) 受供養父母 (納入家庭成員^{註1}計算)

Appendix G 附頁 G

Dependent parent refers to applicant's parents, including parents-in-law, who is not a recipient of the Comprehensive Social Security Assistance (CSSA) at the time of submission of application. He/ She/ They must, throughout the normal assessment year (1 April of last year to 31 March this year), meet any one of the following conditions for a continuous period of at least 6 months:

受供養父母是指申請人或申請人配偶的父親或母親。在遞交申請時,他/他們必須沒有接受綜緩及在本申請的一般資格評估年度(即去年4月1日至本年3月31日)內至少連續六個月:

- a) has resided / been residing with the applicant's family and supported by the applicant or his / her spouse; or 與申請人的家庭同住,並由申請人 / 申請人配偶負責供養; 或
- b) has taken up permanent residing at another premises owned or rented by the applicant or his / her spouse (i.e. name of the applicant and / or his / her spouse should be shown on the relevant lease documents); or 居住於申請人 / 申請人配偶另一自置的物業或租用的另一住宅單位 (租單/咭上必須顯示申請人或申請人配偶的名字);或
- has been living in his / her own premises, rented premises or residing in elderly home and is totally supported by the applicant or his / her spouse.

 在其自置物業、租用單位或安老院居住,並由申請人/申請人配偶提供全部生活費用。

Remarks: Applicant or his / her spouse should continue to support their parents in the 2017/18 school year and the form of support should be similar to that in the year of assessment. As the number of family members may affect directly the level of assistance the applicant's family is eligible for, the School SFASS Standing Committee has the right to request applicants to provide supporting documents including tenancy agreement, residential address proof or receipt of the home for the elderly, etc. for verification or request applicants to explain in details the dependence status of the parents for the School SFASS Standing Committee's consideration.

註:申請人或申請人配偶須在 2021/22 學年繼續供養所填報的受供養父母,供養情況須與資格評估年度內相若。由於家庭成員人數可影響申請家庭的資助幅度,學校學生獎助學金計劃常務委員會有權要求申請人提供有關受供養父母的證明文件,如租單、住址證明或安老院收據等,或要求申請人詳細解釋供養父母的情況,讓常務委員會作詳細考慮。

Is / are the dependent pare CSSA?	ent(s) recipient(s) of the	□ Y	es 是 (Please skip th	e following part. 無須	頁填寫以下部份)		
受供養父母是否領取綜合	合社會保障援助人士?	□N	o 否 (Please comple	te the following part.	請填寫以下部份)		
			Dependency Status (Please put "" in the appropriate b 供養情況 (請在適當方格內加上 號)				
HKID Card No. (Please provide a copy in		in	for not less than 6 months from 1 April of last year to 31 March this year 在去年 4 月 1 日至本年 3 月 31 日內至少連續 6 個月				
Name of Dependent Parent 受供養父母姓名	Appendix H) and Year of Birth 香港身份證號碼 (請在附頁 H 貼上副本)及 出生年份		Residing with applicant's family and supported by the applicant or his/her spouse 與申請人家庭同住並由申請人/其配偶供養	Residing at another residential premises owned or rented by the applicant or his/her spouse 由申請人/其配偶 提供另一自置/租用的居所	Fully dependent on the applicant or his/her spouse 由申請人/ 其配偶全數供養		
1.	HKID Card No.身份證號码 L	馬					
2.	HKID Card No.身份證號码 L	馬					

Please provide details in separate sheets if necessary. 如有需要,可另加紙補充。

Medical Expenses Incurred by Family Member(s) with Chronic Illness 家庭成員涉及痼疾的醫療開支

Appendix H 附頁 H

If the applicant has incurred medical expenses for family members (for family members who are chronically ill or permanently incapacitated) during the period from 1 April of last year to 31 March of this year, he / she may provide details of the situation in this appendix. Applicant must provide copy of relevant medical certificate(s) and receipt(s) issued by the hospitals / clinics / registered practitioners to the School for the consideration of deducting such expenses. (For the ceiling of deductible amount for each family member, please refer to part C of the General Guidelines).

申請人如在去年 4 月 1 日至本年 3 月 31 日期間,須支持家庭成員(只限於長期病患者或永久喪失工作能力人士)必要的醫療開支,可於此附頁填寫有關醫療開支的詳情。申請人必須出示醫院/診所/註冊醫生發出的醫生證明書和所有有關收據之副本,才可獲學校考慮扣減有關醫療開支(每名家庭成員可扣減的款額上限請參閱指引 C 部份)。

Name of Family Member 家庭成員姓名	Name of Incapacity or Chronic Illness 傷殘或痼疾的情況		Me	dical 醫療	Exper 開支	5)	
	Part C – Total Annual Family Income 表格第三部分内 - 家庭全年收入總計	Total 合計					

Please provide details in separate sheets if necessary.

如有需要,可另加紙補充。

Please cut and paste the copy of the HKID Cards in the right boxes.

請把香港身份證副本貼在適當位置。

(If the HKID Card is not available, please attach copies of other valid identity documents. e.g. Hong Kong Birth Certificate, Hong Kong Re-entry Permit, Document of Identity for Visa Purposes, One-way Permit, etc.

如沒有香港身份證,請提交其他有效的身份證明文件副	本,如香港出世紙、回港證、簽證身份書、單程證等。)
Copy of the HKID Card of the applicant 申請人的香港身份證副本	Copy of the HKID Card of the spouse 配偶的香港身份證副本
Applicant 申請人	Spouse 配偶
Copy of the HKID Card of family member 家庭成員的香港身份證副本	Copy of the HKID Card of family member 家庭成員的香港身份證副本
Family Member 家庭成員	Family Member 家庭成員
Copy of the HKID Card of family member 家庭成員的香港身份證副本	Copy of the HKID Card of family member 家庭成員的香港身份證副本
Family Member 家庭成員	Family Member 家庭成員