



Application for School Fee Remission 2025/2026

二零二五/二零二六年度學費減免計劃申請

School Fee Remission Application Form

學費減免申請表格

FOR OFFICIAL USE 由校方填寫

Application No.申請編號 _____

Part A 第一部分	Particulars of Student(s) 學生資料
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Notes: If more than one child from the family is attending the School, only ONE application is required.
注意: 申請以家庭為單位，每個家庭無論有多少名子女在本校就讀，只需填寫一份申請表格。

Particulars 項目	Student 1 學生 1	Student 2 學生 2	Student 3 學生 3
Full Name in English (Surname First, followed by First Name) 英文姓名(先填姓氏，後寫名字)			
Full Name in Chinese 中文姓名			
Student ID No. 學生編號	S	S	S
Class Attending in this School Year 本年度就讀班別			
Application No. of Registered Students (for new students only) 已註冊入讀學生之申請編號 (新生適用)			
Relationship with Applicant: 與申請人的關係	Parent / Legal Guardian* 父母 / 合法監護人*	Parent / Legal Guardian* 父母 / 合法監護人*	Parent / Legal Guardian* 父母 / 合法監護人*

* Please delete as appropriate 請刪去不適用者

Part B 第二部分	Particulars of Applicant 申請人資料
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Full Name in English (Surname first, followed by First Name) 英文姓名(先填姓氏，後寫名字)	
Full Name in Chinese 中文姓名	
Hong Kong Identity Card No. 香港身份證號碼	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (<input type="text"/>)
Year of Birth 出生年份	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Marital Status 婚姻狀況*	<input type="checkbox"/> Married 已婚 <input type="checkbox"/> Separated 分居 / Divorced 離婚 / Spouse deceased 喪偶* (Please provide a copy of relevant supporting documents. There is no need to provide the information of spouse in Parts C and D of this application form. 請提供有關文件之副本，並無須在申請表第三、四部分提供配偶資料。)
Residential Address (in English block letters) 居住地址(請以英文正楷填寫)	
Correspondence Address (if different from above) 通訊地址(如與以上不同)	
Residential Phone No. 住宅電話號碼	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Office/Other Contact No(s). 辦事處 / 其他聯絡電話號碼*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile Phone No. 手提電話號碼	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-mail Address (if any) 電郵地址(如有)	

* Please delete as appropriate 請刪去不適用者

Part C 第三部分	Family Members ^{Note 1} and Annual Income 家庭成員^{註1} 及全年收入
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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。

Name of Family Members (Including SPKC Student) 家庭成員姓名 (包括本校學生)	HK ID 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	<input type="checkbox"/> Employee (Please complete Appendix A) 受僱 (請填附頁 A) <input type="checkbox"/> Self-Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) <input type="checkbox"/> Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C) <input type="checkbox"/> Unemployed 失業 <input type="checkbox"/> Student 學生	(Without decimal places 不用填寫小數位) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
		2. Spouse 配偶	<input type="checkbox"/> Employee (Please complete Appendix A) 受僱 (請填附頁 A) <input type="checkbox"/> Self-Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) <input type="checkbox"/> Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C) <input type="checkbox"/> Unemployed 失業 <input type="checkbox"/> Student 學生	(Without decimal places 不用填寫小數位) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
		3. Family Member 家庭成員 Relationship 關係	<input type="checkbox"/> Employee (Please complete Appendix A) 受僱 (請填附頁 A) <input type="checkbox"/> Self-Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) <input type="checkbox"/> Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C) <input type="checkbox"/> Unemployed 失業 <input type="checkbox"/> Student 學生 <input type="checkbox"/> Dependent Parent (Please complete Appendix G) 受供養父母(請填附頁 G)	(Without decimal places 不用填寫小數位) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
		4. Family Member 家庭成員 Relationship 關係	<input type="checkbox"/> Employee (Please complete Appendix A) 受僱 (請填附頁 A) <input type="checkbox"/> Self-Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) <input type="checkbox"/> Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C) <input type="checkbox"/> Unemployed 失業 <input type="checkbox"/> Student 學生 <input type="checkbox"/> Dependent Parent (Please complete Appendix G) 受供養父母(請填附頁 G)	(Without decimal places 不用填寫小數位) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
		5. Family Member 家庭成員 Relationship 關係	<input type="checkbox"/> Employee (Please complete Appendix A) 受僱 (請填附頁 A) <input type="checkbox"/> Self-Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) <input type="checkbox"/> Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C) <input type="checkbox"/> Unemployed 失業 <input type="checkbox"/> Student 學生 <input type="checkbox"/> Dependent Parent (Please complete Appendix G) 受供養父母(請填附頁 G)	(Without decimal places 不用填寫小數位) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
		6. Family Member 家庭成員 Relationship 關係	<input type="checkbox"/> Employee (Please complete Appendix A) 受僱 (請填附頁 A) <input type="checkbox"/> Self-Employed (Please complete Appendix B) 經商/自僱 (請填附頁 B) <input type="checkbox"/> Non-working Group (Please complete Appendix C) 非在職 (請填附頁 C) <input type="checkbox"/> Unemployed 失業 <input type="checkbox"/> Student 學生 <input type="checkbox"/> Dependent Parent (Please complete Appendix G) 受供養父母(請填附頁 G)	(Without decimal places 不用填寫小數位) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

			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 Chronic Illness (Please complete Appendix H) 扣減家庭成員痼疾的醫療開支(請填附頁 H)		(Without decimal places 不用填寫小數位) _ _ _ _ _ _ _ _
Total Annual Family Income (\$) 家庭全年總收入(\$)					(Without decimal places 不用填寫小數位) _ _ _ _ _ _ _ _

I have read the “**General Guidelines on Application for Fee Remission**”. 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 the personal data provided to the School in connection with this application form in accordance with Part E 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 on their behalf to the School and its authorized bodies to access such family members’ personal data in accordance with Point E of the General Guidance and to liaise with related parties to verify and disclose the information provided to the School.

本人已細閱「**學費減免申請指引**」，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 E 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 E 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 information of grants or subsidies offered by other organizations (such as the Sir Edward Youde Memorial Fund Scheme) through 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 8 “Documentary Evidence Required” of “Notes on How to Complete School Fee Remission Application Form”.
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- 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「填寫學費減免申請表格須知」第 8 項「所需之證明文件」。

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 of last year to 31 March of 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 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 ^{註 2a}			Amount (HK\$) 金額 (港幣)
Salary / wages / commission (Excluding Mandatory Provident Fund / Provident Fund contribution by employee) 薪酬 / 工資 / 佣金 (不包括僱員強積金 / 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 notice/ terminal awards 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 schemes 從退休計劃支付的若干款項			
Others (please specify) 其他			
Please put this amount in Part C – Total Annual Family Income 請將此金額填寫在申請表格第三部分內 - 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 家庭成員姓名		Relationship with Applicant 與申請人的關係	
Position 身份	Self-Employed 經商/自僱	Nature of Business 業務性質	
Company Name (if any) 公司名稱 (如適用)			
Company Address (if any) 公司地址 (如適用)			
Operating Statement 營業損益表			
Profit and loss of business in the past 12 months (From 1 April of last year to 31 March of this year) 在過去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)			
Item of Operating Income 營業收入項目			Amount (HK\$) 金額 (港幣)
1.			
2.			
3.			
(A) Total Operating Income 營業總收入			
Item of Operating Cost 營業支出項目			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
(B) Total Operating Cost 營業總支出			
Please put this amount in Part C – Total Annual Family Income 請將此金額填寫於申請表格第三部分內 - 家庭全年收入總計		Net Profit 淨盈利 (A) – (B)	
Reason(s) of no income proof 未能提供收入證明文件原因:			
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 engaged in this information 陳述以上資料人簽署		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。

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 家庭成員姓名		Relationship with Applicant 與申請人的關係	
Position 身份	<input type="checkbox"/> Housewife 家庭主婦 <input type="checkbox"/> Non-working Group 非在職人士		
Income ^{note 2a} 收入 ^{註 2a} (if appropriate 如適用)			
Income Statement of the past 12 months (From 1 April of last year to 31 March of this year) 在過去十二個月之收入狀況 (由去年四月一日起至本年三月三十一日止)			
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 Cost 總支出			
Please put this amount in Part C – Total Annual Family Income 請將此金額填寫於申請表格第三部分內 - 家庭全年收入總計		Net Profit 淨盈利 (A) – (B)	
Reason(s) of no income proof 未能提供收入證明文件原因:			
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 engaged in this information 陳述以上資料人簽署		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。

Other Incomes Note 2a
其他收入 註 2a

Appendix D
附頁 D

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 of 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 – Total Annual Family Income 請將此金額填寫於申請表格第三部分內 - 家庭全年收入總計			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。

Investment 投資

Appendix E 附頁 E

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 Part C – Total Annual Family Income 請將此金額填寫於申請表格第三部分內 - 家庭全年收入總計		Total 合計	HK\$

Assets 資產

Appendix F 附頁 F

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 of last year to 31 March of 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 資產性質		Purchase Price 購買價值	HK\$
Asset Status 資產狀況	<input type="checkbox"/> Empty 空置 <input type="checkbox"/> Rental 出租	Others (Please specify) 其他 (請註明)	
Mortgage Payment from 1 April last year to 31 March this year. (if applicable) 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			
Address of Assets 資產地址			
Asset Nature 資產性質		Purchase Price 購買價值	HK\$
Asset Status 資產狀況	<input type="checkbox"/> Empty 空置 <input type="checkbox"/> Rental 出租	Others (Please specify) 其他 (請註明)	
Mortgage Payment from 1 April last year to 31 March this year. (if applicable) 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 of 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援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
- c) 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 2025/2026 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 2025/2026 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 parent(s) recipient(s) of the CSSA? 受供養父母是否領取綜合社會保障援助人士？		<input type="checkbox"/> Yes 是 (Please skip the following part. 無須填寫以下部份) <input type="checkbox"/> No 否 (Please complete the following part. 請填寫以下部份)		
Name of Dependent Parent 受供養父母姓名	HKID Card No. (Please provide a copy in 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	Dependency Status (Please put "✓" in the appropriate box) 供養情況 (請在適當方格內加上✓號)		
		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		
		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. 身份證號碼 <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Year of Birth 出生年份 <div style="border: 1px solid black; width: 50px; height: 15px; display: flex; justify-content: space-between;"> </div>			
2.	HKID Card No. 身份證號碼 <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Year of Birth 出生年份 <div style="border: 1px solid black; width: 50px; height: 15px; display: flex; justify-content: space-between;"> </div>			

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	Medical Expenses (\$) 醫療開支(\$)
		<div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div>
		<div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div>
Please put this amount in Part C – Total Annual Family Income 請將此金額填寫於申請表格第三部分內 - 家庭全年收入總計		<div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div>

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

Copies of HKID Card
香港身份證副本

Appendix I
附頁 I

Please 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。)

<div>Copy of the HKID Card of the Applicant 申請人的香港身份證副本</div>	<div>Copy of the HKID Card of the spouse 配偶的香港身份證副本</div>
<div>Applicant 申請人</div>	<div>Spouse 配偶</div>
<div>Copy of the HKID Card of family member 家庭成員的香港身份證副本</div>	<div>Copy of the HKID Card of family member 家庭成員的香港身份證副本</div>
<div>Family Member 家庭成員</div>	<div>Family Member 家庭成員</div>
<div>Copy of the HKID Card of family member 家庭成員的香港身份證副本</div>	<div>Copy of the HKID Card of family member 家庭成員的香港身份證副本</div>
<div>Family Member 家庭成員</div>	<div>Family Member 家庭成員</div>