HKCCCU Logos Academy

School Year 2014-2015 Application Form for Assessment of Eligibility Fee Remission

Cover Sheet for Supporting Documents

Name of Applicant:	(Name of Parent)
Name of Student:	
Class:	

Notes on How to Complete the Application Form:

- Please read the Guidance Notes on Application Form for Assessment of Eligibility Fee Remission before completing the Application Form
- * Please fill in the form clearly in black or blue ink.
- * Please trim and paste the required copies of Hong Kong Smart Identity Card at the back and staple copies of all relevant documents proofs to this sheet. (If the HK Smart ID Card is not available, please attach copies of other valid identity documents.)

WARNING

The personal data in the application will be used to assess an applicant's eligibility for financial assistance and the appropriate level of assistance to be awarded. It is an offence to obtain property/pecuniary advantage by deception. Any person who does so commits an offence and is liable, on conviction, to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

Copies of HK Smart ID Card

Please trim and paste a copy of the HK Smart ID Card in the appropriate spaces.

If the HK Smart ID Card is not available, please attach copies of Hong Kong Re-entry Permit, Document of Identit	other valid identity documents, e.g. Hong Kong Birth Certificate, y for Visa Purposes, One-way Permit, etc.)
Copy of the HK Smart ID Card of the applicant	Copy of HK Smart ID Card of the spouse
Applicant	Spouse
Copy of the HK Smart ID Card of family member	Copy of the HK Smart ID Card of family member
Family Member	Family Member
Copy of the HK Smart ID Card of family member	Copy of the HK Smart ID Card of family member
Family Member	Family Member
Copy of the HK Smart ID Card of family member	Copy of the HK Smart ID Card of family member
Family Member	Family Member

HKCCCU Logos Academy

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Part I Particulars of the Applicant

1.	Name in English	
2.	Correspondence Address	Flat Floor Block
	Name of Building	
	Estate / Village	
	No. & Name of Street	
	District	
	Area (#Please circle the appropriate box.)	# <u>1</u> hk <u>2</u> kln <u>3</u> nt
3.	Name in Chinese	
4.	HKID Card No.	()
5.	Date of Birth	DY
6.	Home Telephone No.	
7.	Day Time Contact No. / Mobile Phone	
	II Particulars of Family Members (#* please circle the	appropriate box / item.)
A.	Spouse	
	# A Married B * Divorced / Separated (Please fill in spouse's information below) (Please provide copies of supp	1 / Widowed / Others (Please specify :) porting documents, and spouse's information need <u>not</u> be filled in below)
	Name in English	
	HKID Card No () Date of Birth	DMY
В.	Unmarried children residing with the family (If more than on	(Name in Chinese) e child, please fill in this part starting from the youngest child.)
1.	Name in English	
	Date of Birth	DY
	HKID Card No.	()
	Status for the period from 1.4.2013 to 31.3.2014# A	Under education $factbf{B}$ In employment $f C$ Unemployed / Other
	If you wish to apply for this child to attend * Primary & Secondar please circle the box at the right	
2.	Name in English	
	Date of Birth	DY
	HKID Card No.	
		() () (Norma in Chinasa)
	Status for the period from 1.4.2013 to 31.3.2014# A	(Name in Chinese)
	Status for the period from 1.4.2013 to 31.3.2014# A If you wish to apply for this child to attend * Primary & Secondar please circle the box at the right	Under education B In employment C Unemployed / Other y School/YJD/DEAEC/Others in 2014/15,

3.	Name in English						
	Date of Birth		DM_	Y			
	HKID Card No.			()	(Name in Chinese)	
	Status for the period f	From 1.4.2013 to 31.3.2014# A U	Inder education	B In emp	oloymen	Unemployed / C	Other
		or this child to attend * Primary & Secondary at the right.					Ÿ
4.	Name in English						
	Date of Birth		DM_	Y			
	HKID Card No.			()	(Name in Chinese)	_
	Status for the period f	From 1.4.2013 to 31.3.2014#	Inder education	B In emp	oloymen	(Name in Chinese)	Other
		or this child to attend * Primary & Secondary at the right					Y
C.	with you / your spou	Should <u>not</u> be a recipient of the Comprehense, without paying full cost, for a continuou than \$12,000 in money towards his / her m	us period of not				
1.	Name in English						
	HKID Card No.	() D	ate of Birth	_D	М	(Name in Chinese)
	Status (# Please circle one appropriate box)	# A residing with the applicant B residing applica C residing in his/her own premises, rented or his/her spouse	nt or his/her spou	ise			
2.	Name in English						
	HKID Card No.	() D	ate of Birth	_D	М	(Name in Chinese)
	Status (# Please circle one appropriate box)	# A residing with the applicant B residing applica C residing in his/her own premises, rented or his/her spouse	nt or his/her spou	ise		•	

Part III Family Income

Please provide information on your position, occupation and relevant income and that of your family member(s) during the period from 1 April 2013 to31 March 2014. If you or any of your family members was a housewife, was unemployed or has retired during the period, please specify the status and relevant duration. Additional sheets signed by the applicant may be added if there is insufficient space to provide the information.

Applicant and Family Member	Position	Name of Company/Occupation	Office Tel. No.	Total Annual Income (\$)	For Office Use
Applicant				\$	
Spouse				\$	
Unmarried child residing with the family (if applicable) Name:				\$	
Unmarried child residing with the family (if applicable) Name:				\$	
Other income(if applicable) (# Please circle as appropriate)		e/alimony/contribution fro ends/others(please specify		\$	
Annual Income of the family	for the period 1	April 2013 to 31 March	2014:	\$	\$

Part I	V Other Special Family Information
	If you have filled in Part II particulars of any member who is not a biological child of yours, please circle the box at the right, specify his/her name and state the reasons for declaring him/her as a family member
	If your family is receiving / has received CSSA any time during the period from 1 April 2013 to the time of submission of application, please circle the box at the right, specify the relevant duration, names of the family members in receipt of CSSA and quote the CSSA reference number.
	If you have special financial hardship or incurred medical expenses for family members who <u>are chronically ill or permanently incapacitated</u> , please circle the box at the right, state details of the situation, relevant duration and submit supporting documents.
Part \	V Declaration
to the	e read the "Guidance Notes on Application Form for Assessment of Eligibility Fee Remission"(GN) and fully understand and agree e arrangements stated therein in relation to my application. I undertake and warrant that I shall comply with all requirements and fications set out in the GN in making this application. I hereby declare that:
(a)	The information in this application and the supporting documents provided by me are true, complete and accurate. I understand and consent that HKCCCU Logos Academy (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 this application (including home visits and other 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; 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, providing misleading or false information or intentional obstruction of School staff in their course of authentication will lead to disqualification, restitution in full of the assistance granted and possible prosecution.
(b)	I give consent to the School and its authorized bodies to process my application and use the personal data provided to the School in connection with this application in accordance with Paragraph 3 of the GN and to liaise with related parties to verify and disclose the information provided by me.
(c)	I am authorized by all the family members listed in this application to give consent and hereby give consent on their behalf to the School and its authorized bodies to access such family members' personal data and to liaise with related parties to verify and disclose the information provided to the School.
Nar	me of Applicant:
Sign	nature of Applicant: Date:

HKCCCU Logos Academy

School Year 2014-2015

Application Form for Assessment of Eligibility Fee Remission Preliminary Data Assessment

Part	T	Dog	:- 1	Info	rm o	tion
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1.	Name of Student	(Name in English)	(Name in Chinese)	Class
2.	Name of Applicant(Name in English)	(Name in Chinese)	Contact No
3.	# of Family members	se Children (persons)	_persons) Total: persons
Part	II Family Income			

Please provide information on your position, occupation and relevant income and those of your family member(s) during the period from 1 April 2013 to31 March 2014. If you / your family member(s) was a housewife, was unemployed or has retired during the period, please specify the status and relevant duration. Additional sheet signed by the applicant may be added if there is insufficient space to provide the information.

Applicant and Family Member	Position	Name of Company/Occupation	Office Tel. No.	Total Annual Income (\$)	For Office Use
Applicant				\$	
Spouse				\$	
Unmarried child residing with the family (if applicable) Name:				\$	
Unmarried child residing with the family (if applicable) Name:				\$	
Other income(if applicable) (# Please circle as appropriate)		e/alimony/contribution fro ends/others(please specify		\$	
Annual Income of the family	for the period 1	April 2013 to 31 March	2014:	\$	\$

Note:

"Members of Family" refers to the applicant's spouse, unmarried child/children residing with the family and the dependent parent(s) who are supported by the applicant and/or his/her spouse.

"Family Income" earned by the family both within and outside Hong Kong that should be reported is listed below for reference.

1. Salary (including the salary of applicant, spouse and unmarried child residing with the family for full-time, part-time or temporary job, Provident Fund and Mandatory Provident Fund (excluding Mandatory Provident Fund contribution by employee))
2. Double pay / Leave pay
3. Allowance (including housing / travel / meals / education / shift allowance, etc.)
4. Bonus / Commission / Tips
5. Wages in lieu of notice of dismissal
6. Profit from business / investment
7. Alimony
8. Contribution from children not residing with the family / relatives / friends (including money or contribution of housing / water / electricity / gas or other living expenses)
9. Interests from fixed deposits, stocks, shares & bonds, etc.
10. Rental income
11. Monthly pension / Widow's & Children's Compensation