

# HKCCCU Logos Academy

School Year 2016-2017

## Application Form for Assessment of Eligibility Fee Remission

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### 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 Identity Card at the back and staple copies of all relevant documents proofs to this sheet. (If the HK Identity Card is not available, please attach copies of other valid identity proof.)

#### 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.

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

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

Copy of the HK Identity Card of the applicant	Copy of HK Identity Card of the spouse
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Applicant

Spouse

Copy of the HK Identity Card of family member	Copy of HK Identity Card of family member
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Family Member

Family Member

Copy of the HK Identity Card of family member	Copy of HK Identity Card of family member
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Family Member

Family Member

Copy of the HK Identity Card of family member	Copy of HK Identity Card of family member
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Family Member

Family Member

# HKCCCU Logos Academy

School Year 2016-2017

## Application Form for Assessment of Eligibility Fee Remission

### 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.)	# <input checked="" type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT
3. Name in Chinese	_____
4. HKID Card No.	_____ ( )
5. Date of Birth	___D ___M ___Y
6. Home Telephone No.	_____
7. Day Time Contact No. / Mobile Phone	_____

### Part II Particulars of Family Members (# \* please circle the appropriate box / item.)

**A. Spouse**

#  Married  \* Divorced / Separated / Widowed / Others (Please specify : .....)  
(Please fill in spouse's information below) (Please provide copies of supporting documents, and spouse's information need not be filled in below)

Name in English \_\_\_\_\_

HKID Card No. \_\_\_\_\_ ( ) Date of Birth \_\_\_D \_\_\_M \_\_\_Y \_\_\_\_\_  
(Name in Chinese)

**B. Unmarried children residing with the family (If more than one child, please fill in this part starting from the youngest child.)**

1. Name in English \_\_\_\_\_

Date of Birth \_\_\_D \_\_\_M \_\_\_Y

HKID Card No. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name in Chinese)

Status for the period from 1.4.2015 to 31.3.2016.....#  Under education  In employment  Unemployed / Other

If you wish to apply for this child to attend \* Primary & Secondary School/YJD/DEAEC/Others in 2015/16,  
please circle the box at the right.....

2. Name in English \_\_\_\_\_

Date of Birth \_\_\_D \_\_\_M \_\_\_Y

HKID Card No. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name in Chinese)

Status for the period from 1.4.2015 to 31.3.2016.....#  Under education  In employment  Unemployed / Other

If you wish to apply for this child to attend \* Primary & Secondary School/YJD/DEAEC/Others in 2015/16,  
please circle the box at the right.....

3. Name in English \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ D \_\_\_ M \_\_\_ Y  
 HKID Card No. \_\_\_\_\_ ( ) \_\_\_\_\_  
 Status for the period from 1.4.2015 to 31.3.2016.....#  Under education  In employment  Unemployed / Other (Name in Chinese)  
 If you wish to apply for this child to attend \* Primary & Secondary School/YJD/DEAEC/Others in 2015/16,  
 please circle the box at the right.....

4. Name in English \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ D \_\_\_ M \_\_\_ Y  
 HKID Card No. \_\_\_\_\_ ( ) \_\_\_\_\_  
 Status for the period from 1.4.2015 to 31.3.2016.....#  Under education  In employment  Unemployed / Other (Name in Chinese)  
 If you wish to apply for this child to attend \* Primary & Secondary School/YJD/DEAEC/Others in 2015/16,  
 please circle the box at the right.....

C. **Dependent Parent (Should not be a recipient of the Comprehensive Social Security Assistance (CSSA) , and should be resided with you / your spouse, without paying full cost, for a continuous period of not less than 6 months or have received from you / your spouse not less than \$12,000 in money towards his / her maintenance.). If the details of Dependent Parents are not identical to those in the Tax Return, the applicant should make an oath in any District Office to declare that all the information put down in the application form is true. The oath could include “I declare that my \_\_\_\_\_ (relation e.g. father and/or mother) ID number \_\_\_\_\_ ( e.g.A123456(7)) is residing with me/my spouse, without paying full cost, for a continuous period of not less than 6 months” or “My \_\_\_\_\_ (relation e.g. father and/or mother) ID number \_\_\_\_\_ ( e.g.A123456(7)) has received from me / my spouse not less than \$12,000 in money towards his/her maintenance.”.**

1. Name in English \_\_\_\_\_ (Name in Chinese)  
 HKID Card No. \_\_\_\_\_ ( ) Date of Birth \_\_\_\_\_ D \_\_\_ M \_\_\_ Y  
 Status (# Please circle one appropriate box) #  residing with the applicant  residing at another residential premises owned or rented by the applicant or his/her spouse  
 residing in his/her own premises, rented premises or elderly homes and is totally supported by the applicant or his/her spouse

2. Name in English \_\_\_\_\_ (Name in Chinese)  
 HKID Card No. \_\_\_\_\_ ( ) Date of Birth \_\_\_\_\_ D \_\_\_ M \_\_\_ Y  
 Status (# Please circle one appropriate box) #  residing with the applicant  residing at another residential premises owned or rented by the applicant or his/her spouse  
 residing in his/her own premises, rented premises or elderly homes and is totally supported by the applicant or his/her spouse

**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 2015 to 31 March 2016**. **If the applicant or the spouse is not employed (such as unemployed or housewife, etc), he/she should make an oath in any District Office to declare that all the information put down in the application form is true and attach this oath in the application form.** The oath could include **“I declare that I am unemployed and received no income from \_\_\_ month \_\_\_ year until \_\_\_ month \_\_\_ year”** or **“I declare that I am unemployed and received no income since \_\_\_ month \_\_\_ year”**, etc. 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)	# Rental income/alimony/contribution from children, relatives or friends/others(please specify: _____)			\$	
<b>Annual Income of the family for the period 1 April 2015 to 31 March 2016:</b>				<b>\$</b>	<b>\$</b>

**Part IV Other Special Family Information**

1. 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 
  
\_\_\_\_\_
2. If your family is receiving / has received CSSA any time during the period from 1 April 2015 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. 
  
\_\_\_\_\_
3. If you have special financial hardship or incurred medical expenses for family members who are chronically ill or permanently incapacitated, please circle the box at the right, state details of the situation, relevant duration and submit supporting documents. 
  
\_\_\_\_\_

**Part V Declaration**

- I) I undertake and warrant that I shall comply with all requirements and specifications 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.
- II) I have read the "Guidance Notes on Application Form for Assessment of Eligibility Fee Remission"(GN) and fully understand and agree to the arrangements stated therein including but not limited to:
- ( ) Fee Remission when granted will only start on or after the month of the submission of this form in this academic year
  - ( ) If an applicant is not able to provide all the required documents or detailed information for the application, the school has the right to require the applicant to provide all necessary documents or information. If the applicant is not able to provide the required supplementary information within one month after receiving the oral or written notice from the school, the application will be terminated automatically without further notice. However, if the applicant wants to continue to apply for the fee remission, he/she should re-submit a new application form with all sufficient documents enclosed. If this application is eligible for a fee remission, the fee remission will only start from the month in which the application form with sufficient documents is re-submitted.

**(Please complete the above two brackets with "✓" )**

Name of Applicant : \_\_\_\_\_

Signature of Applicant : \_\_\_\_\_

Date : \_\_\_\_\_

# HKCCCU Logos Academy

## School Year 2016-2017

### Application Form for Assessment of Eligibility Fee Remission Preliminary Data Assessment

#### Part I Basic Information

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	<input type="checkbox"/> Spouse	<input type="checkbox"/> Children (_____persons)
		<input type="checkbox"/> Dependent Parent (_____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 2015 to 31 March 2016**. If the applicant or the spouse is not employed (such as unemployed or housewife, etc), he/she should make an oath in any District Office to declare that all the information put down in the application form is true and attach this oath in the application form. The oath could include "I declare that I am unemployed and received no income from \_\_\_\_\_month\_\_\_\_\_year until \_\_\_\_\_month\_\_\_\_\_year" or "I declare that I am unemployed and received no income since \_\_\_\_\_month\_\_\_\_\_year", etc. 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				\$	<input type="checkbox"/>
Spouse				\$	<input type="checkbox"/>
Unmarried child residing with the family (if applicable) Name: _____				\$	<input type="checkbox"/>
Unmarried child residing with the family (if applicable) Name: _____				\$	<input type="checkbox"/>
Other income(if applicable) (# Please circle as appropriate)	# Rental income/alimony/contribution from children, relatives or friends/others(please specify: _____)			\$	<input type="checkbox"/>
<b>Annual Income of the family for the period 1 April 2015 to 31 March 2016:</b>				<b>\$</b>	<input type="checkbox"/>

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#### 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