

Po Leung Kuk Ngan Po Ling College
School Fee Remission Scheme 2023/24
Application Form
(For Newly Admitted Student Only)

A. Applicant's Information (Parent / Guardian)

1. Name in English : _____ Name in Chinese : _____

2. HKID card no. : _____

3. Correspondence Address : _____

4. Telephone (Home) : _____ 5. Telephone (Daytime) : _____

B. Student's Information

1. Name in English : _____ Name in Chinese : _____

2. Class & Class no. : _____ (_____) 3. Student ID card number : 2 0 _____

If you have obtained Eligible Certificate (EC) from the Student Finance Office (SFO) / Notification of Successful Application (NSA) of Comprehensive Social Security Assistance (CSSA) from the Social Welfare Department, please fill in Section C. If not, please fill in Section D1 and D2.

C. Level of Assistance

Level of Assistance* : 2023/24 SFO FULL / 2023/24 SFO HALF / CSSA (valid until: _____)

A copy of EC / the latest NSA of CSSA is attached

D1. Family Information

A copy of identity card or other identity document of the applicant and all family members is attached

(1) Spouse

1. Name in English : _____ Name in Chinese : _____

2. HKID card no. : _____

3. In case of divorce/separation, or death of the spouse, please specify : _____

(2) Unmarried children residing with the family

(i) 1. Name in English : _____ Name in Chinese : _____

2. Date of Birth : _____ 3. HKID card no. : _____

4. Employment Status* : Studying# / Working / Unemployed / Others, please specify : _____

If the child is currently studying in this college, please specify his/her class and class no. : _____ (_____)

(ii) 1. Name in English : _____ Name in Chinese : _____

2. Date of Birth : _____ 3. HKID card no. : _____

4. Employment Status* : Studying# / Working / Unemployed / Others, please specify : _____

If the child is currently studying in this college, please specify his/her class and class no. : _____ (_____)

* Please circle / as appropriate

- (iii) 1. Name in English : _____ Name in Chinese : _____
2. Date of Birth : _____ 3. HKID card no. : _____
4. Employment Status* : Studying# / Working / Unemployed / Others, please specify : _____
If the child is currently studying in this college, please specify his/her class and class no. : _____ ()

(3) Depending parents/grandparents

- (i) 1. Name in English : _____ Name in Chinese : _____
2. Date of Birth : _____ 3. HKID card no. : _____
- (ii) 1. Name in English : _____ Name in Chinese : _____
2. Date of Birth : _____ 3. HKID card no. : _____

D2. Family Income

A copy of supporting documents is attached

1. Occupation (During 1 April 2022 to 31 March 2023)
- (a) Applicant's Occupation : _____ Company Name : _____ Telephone (Company) : _____
(b) Spouse's Occupation : _____ Company Name : _____ Telephone (Company) : _____
2. Annual Family Income (During 1 April 2022 to 31 March 2023)
- (a) Annual Income of Applicant : \$ _____
(b) Annual Income of Applicant's Spouse : \$ _____
(c) Annual Income of the Unmarried Children Residing with the Family : \$ _____
(d) Relatives' Subsidy : \$ _____
- Total Amount : \$ _____

E. Other family information relevant to the application of School Fee Remission (if applicable)

F. Declaration

I confirm that I have read the explanation notes on School Fee Remission Scheme 2023/24 of Po Leung Kuk Ngan Po Ling College and fully understood and agreed with the arrangement of the application of School Fee Remission. I hereby declare that:

1. The information in this application form and the supporting documents provided by me are true, complete and accurate, and
2. I authorize Po Leung Kuk Ngan Po Ling College to verify the record or information relating to this application with related persons and institutions. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of staff in their course of authentication will lead to disqualification of application or disqualification of issued notification letter, restitution in full of the assistance granted and possible prosecution. I commit to refund Po Leung Kuk any overpayment of financial assistance granted immediately upon request.

Date : _____

Signature of applicant : _____

* Please circle / as appropriate