

GOOD HOPE SCHOOL

APPLICATION FORM FOR FEE REMISSION (2019-2020)

Please read the Guidance Notes on Application For Fee Remission carefully before completing this application form.

I wish to apply for fee remission in **2019-2020**.

Part I Particulars of Student[^]

1. Class and Class No. _____ (____)
2. Name in English _____
3. Name in Chinese _____
4. Student No. _____
5. HKID Card No. _____ (____)
6. Date of Birth (DD/MM/YYYY) _____
7. Residential Address _____

Hong Kong Kowloon New Territories

[^] If the student has a sister who studies in the same school,

the family can print out only **page one** of this application form and submit only one set of supporting documents.

Part II Particulars of Applicant (parent / guardian)

1. Name in English _____
2. Name in Chinese _____
3. HKID Card No. _____ (____)
4. Relationship with Student * Father Mother
 Others: _____ (Please give explanation in Part VII Item 2)
5. Telephone No. Home: _____ Office: _____ Mobile phone: _____

Part III Particulars of Other Family Members (Excluding student and applicant)

1. Spouse (Leave blank if separated, divorced or spouse is deceased)
 - (a) Name in English _____
 - (b) Name in Chinese _____
 - (c) HKID Card No. _____ (____)
 - (d) Mobile phone No. _____
2. Dependent Children (Children attending day schools, including tertiary institutions; or aged below 18)

(a) Name	(b) Date of Birth	(c) Name of School Attending	(d) Class Level (Day School)
(Not including the student)		# (Please indicate the type)	

I _____

II _____

Type of school: Direct Subsidy; Subsidized; Government; Private

3. Dependent Parents

- | | |
|----------|-------------------|
| (a) Name | (b) Date of Birth |
| _____ | _____ |
| _____ | _____ |

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Application No.: _____

Total: (A) + (B)

_____ % Fee Remission Granted (Last year)

_____ % Fee Remission Recommend (Current year)

SFO subsidy level: _____

Checked by _____

Approved by _____

Date: _____ Date: _____

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(Point) (A)

Part IV Occupation & Income

1. Employment (Please state & provide effective dates if you and/ or your spouse are home-makers, part-time workers, unemployed or retired)

	Occupation	Company/ Organisation	Office Tel. No
(a) Applicant	_____	_____	_____
(b) Spouse	_____	_____	_____

(State date if spouse is deceased, divorced or separated.)

2. Annual Income

i.e. all family income from **April 2018 to March 2019**, including salary, year-end double pay, allowance, profit / interest from business / investment, rent from property, bonus, commission, pension, alimony and other income.

(a) Annual income of applicant	\$ _____
(b) Annual income of applicant's spouse	\$ _____
(c) Yearly contribution from other members of family	\$ _____
(d) Other income (Please specify: _____)	\$ _____
(e) Total Annual Income: (a) + (b) + (c) × 30% + (d)	\$ _____
(f) Average MONTHLY Income: (e) ÷ 12	\$ _____

Part V Housing Arrangements *

<input type="checkbox"/>	Rent	Monthly Rental	\$ _____
<input type="checkbox"/>	Mortgage	Monthly Instalment	\$ _____
<input type="checkbox"/>	Owned		
<input type="checkbox"/>	Other	_____	

Part VI Comprehensive Social Security Assistance (CSSA) *

<input type="checkbox"/>	The student-applicant is not in receipt of CSSA.
<input type="checkbox"/>	My family is applying for CSSA, eligibility not yet confirmed.
<input type="checkbox"/>	The student-applicant is in receipt of CSSA; File Reference No.: _____

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(Point) (B)

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* Please tick the appropriate box

Part VII Declaration

1. I, _____ (applicant’s name), hereby make the following declarations:
- (a) I have read through, understood and will follow all the instructions and guidelines mentioned in the Guidance Notes, Reckoner and application form.
 - (b) The information in the application form and the supporting documents provided by me are complete and true to the best of my knowledge. I understand that Good Hope School (the School) will initially assess my eligibility and grant subsidy based on the data provided by me; the School may then conduct investigations, including a home visit, for the authentication of my application data; and based on the findings, Good Hope School may make adjustments to the subsidy entitled.
- I also understand that any omission or misrepresentation of information with a view to obtaining pecuniary advantage by deception is an offence and is liable to legal proceedings.
- (c) I give consent to Good Hope School to process my application; and to liaise with relevant parties to verify and disclose the personal data provided by me in this application form. I also give consent to the School to release my family members’ personal data to the various authorities concerned for the purpose of processing my application or verifying the information provided in this application.
 - (d) I understand that the amount of fee remission granted is subject to the decision and resources of the School.
 - (e) I agree to notify the School in writing of any changes in family income or situations which will or may lead to a different level of fee remission. The notification will be signed and submitted together with the relevant supporting documents to the School.
 - (f) I have checked and enclosed the following supporting documents:

Please ✓ the box next to the document(s) enclosed and write ‘N.A.’ for items not applicable.		
	Checked by Parent	Checked by Office
Parts I – III Personal Documents		
1. ID copies of the core family members		
1.1. ID copy of applicant		
1.2. ID copy of spouse		
1.3. ID copy of dependent children (total number of children: _____)		
1.4. Other core family members (please specify: _____)		
2. For single-parent family: death certificate / document showing separation		
3. Dependent children: student ID / handbook copies		
4. Dependent parents: ID copies (total number of dependent parents: _____)		
Part IV Annual Income		
5. Income proof showing annual income		
5.1. Copy of Employer’s Return submitted by employer		
5.2. Copy of Tax Demand Note issued by Inland Revenue Department		
5.3. Copy of most updated payroll slip		
5.4. Copy of Income Statement / Tax Demand Note for self-employment		
5.5. Completed Income Certificate if none of the above is provided (can be downloaded from school website)		
6. Proof showing education allowance and any other allowances* Please specify:		
7. Income statement containing “housing provided by employer” *		
8. Divorced: document(s) showing alimony*		
9. Contribution by other family members: a letter written and signed by the applicant which states the details of the contribution **		

	Checked by Parent	Checked by Office
10. Part V Housing Condition		
10.1. Proof of mortgage payment / rental payment		
10.2. Mortgage/loan repayment schedule statement		
10.3. Tenancy agreement		
10.4. Rent payment slip		
10.5. Other documents (please specify: _____)		
Part VI CSSA		
11. Recent proof of CSSA		
I have also submitted the following supporting documents which I think will be relevant for my application. Details are as follows:		
For Office Use Only:		
Checked by: _____		
All documents submitted: Yes/ NO		
Date: _____		

* 100% of the amount will be included in annual income for assessment

** 30% of the amount will be included in annual income for assessment

- (g) I understand that my application will not be processed until all the required documents have been submitted to the School.

New applicants:

I understand that I will have to pay the full amount of school fee until the application is approved. Over paid school fees will be refunded if the application is successful.

Families who have already been granted fee remission in the previous school year:

I understand that I will have to pay the **full amount of school fee starting from August** if the document(s) required has not reached the School Office before **30 June** of the school year.

- (h) The personal data and information provided by means of the application form and interviews will be used by the School to assess the applicant's eligibility for the fee remission and other scholarships / subsidies and future school activities if the applicant is successfully selected. Data and information provided will also be used in statistics and research related to the Fee Remission Scheme.

2. *** I have the following special financial hardship:
 I am not applying in the capacity of the student's parent due to the following reason:

***Please tick the appropriate box if applicable; leave it blank if not.

Date: _____

Signature of Applicant: _____