

Name of Applicant : _____

Student Name/Class(_____ / _____)

Receipt -- submission of application form for School Fee Remission Scheme

The School has received the application form for Fee Remission Scheme (2023-24). Applicants will be notified of the results by mail.

Important Notes :

1. The School will put the application on hold until applicants submit or correct any missing information.
2. The fee remission of the school was not granted by the SFO. All applicant families eligible for student financial assistance from the Student Financial Office MUST apply to the SFO for school-related assistance first before Fee Remission is granted. The School will make reference to the granted amount of financial assistance from the Student Financial Office.
3. During the application process, school fees still have to be paid punctually. Please read the IMPORTANT NOTES AND DECLARATION of the Guidance Notes.

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明愛華德中書院

Caritas Charles Vath College

Application for School Fee Remission Scheme 2023/24

Student Name: _____

Class: _____

Applicants must answer the following questions. Please put "✓" in the appropriate box(es), *delete the inappropriate item(s) and specify the reasons if necessary.

-
- 1) Was the student a recipient of any other subsidy for school fee remission (including the Comprehensive Social Security Assistance) last school year (2022/23)?
Yes No
Not applicable (e.g. received free education in government schools or subsidized schools)
 - 2) Is the student a recipient of any other subsidy for school fee remission (including the Comprehensive Social Security Assistance) this school year (2023/24)?
Yes No In application process /Will apply for other subsidies.
Others (if applicable, e.g. scholarship) _____
 - 3) Was the student a recipient of school-related assistance for expenses on textbook and stationery, transport fares from the Student Financial Office last school year (2022/23)?
Yes (granted for 50%/ 100%*) No (application not successful) No (did not apply)
 - 4) Will the student apply for school-related assistance for expenses on textbook and stationery, transport fares from the Student Financial Office this school year (2023/24)?
Yes (granted for 50%/100% *) No (applied/ will apply for the assistance)
No (please specify the reasons of not applying:)

NOTE: Incomplete information/documents will cause delay to the application processing or even result in disqualification of the application. Applicants will be notified of the results by mail.

[Please obtain the receipt of submission from the School Office upon submission.]

FOR OFFICE USE	Remarks
Date: _____ Signature: _____	

Copies of HK Smart ID Card

Please cut and paste the copy of the HK Smart ID Card as appropriate.

(If the HK Smart ID 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.)

Copy of the HK Smart ID Card of the applicant	Copy of HK Smart ID Card of the spouse
Copy of HK Smart ID Card of family member	Copy of HK Smart ID Card of family member
Copy of HK Smart ID Card of family member	Copy of HK Smart ID Card of family member
Copy of HK Smart ID Card of family member	Copy of HK Smart ID Card of family member



明愛華德中書院

Caritas Charles Vath College

SCHOOL FEE REMISSION SCHEME (2023/24)

APPLICATION FORM (Please read the Guidance Notes carefully before completion.)

(#Please put“✓”in the appropriate box(es), *delete the inappropriate item(s). @ are optional items.)

Part I Particulars of the Applicant

(The Applicant must be the parent or guardian (as recognized under Guardianship of Minors Ordinance, Cap13) of the student-applicant(s).)

1. Name in Chinese 2. Title @# A. Mr. B. Ms. C. Miss
3. Name in English
4. Correspondence Address *(Please fill out in English)*
Flat Floor Block
Name of Building
Estate / Village
No. & Name of Street
District
Area # 1. HK 2. KLN 3. NT 4. OHK (Outside HK)
5. Year of Birth
6. HKID Card No. ()
(If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof.)
Other Identity Document No.:
7. Home Tel No. @
8. HK Mobile Phone No.
9. Email Address
10. Your marital status during the period from 1.4.2022 to 31.3.2023
A. Married B. * Divorced / Separated / Widowed / Single / Others (Please specify : _____)
(Please provide spouse's information in Part II) (Please provide copies of supporting documents, and spouse's information need not be provided in Part II)

Part II Particulars of Family Members and Financial Assistance Schemes being applied for

A. Spouse

1 Name in Chinese

2 Name in English

3 Year of Birth

4 HKID Card No. ()
(If HKID no. is not available, please provide other identity document no. with copy of relevant proof.)

5 HK Mobile Phone No.

B. Student-applicants and unmarried children residing with the family (if more than one child, please fill out this part starting from the youngest child.)		
	Unmarried child residing with the family 1	Unmarried child residing with the family 2
1. Name in Chinese	<input type="text"/>	<input type="text"/>
2. Name in English	<input type="text"/>	<input type="text"/>
3. Date of Birth	D <input type="text"/> M <input type="text"/> Y <input type="text"/>	D <input type="text"/> M <input type="text"/> Y <input type="text"/>
4. HKID Card No.	<input type="text"/> ()	<input type="text"/> ()
5. Status for 2022-23	# <input type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. other	# <input type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. other
	Unmarried child residing with the family 3	Unmarried child residing with the family 4
1. Name in Chinese	<input type="text"/>	<input type="text"/>
2. Name in English	<input type="text"/>	<input type="text"/>
3. Date of Birth	D <input type="text"/> M <input type="text"/> Y <input type="text"/>	D <input type="text"/> M <input type="text"/> Y <input type="text"/>
4. HKID Card No.	<input type="text"/> ()	<input type="text"/> ()
5. Status for 2022-23	# <input type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. other	# <input type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. other

C. Dependent Parent

Is/are the dependent parent(s) recipient(s) of the Comprehensive Social Security Assistance (CSSA)? # Yes No
 (If yes, please skip Part 'C'. If no, please continue to complete Part 'C' and refer to Paragraph 3.3 of "Notes on How to Complete and Return School Fee Remission Application Form "for definition of "Dependent Parent".)

Name of Dependent Parent	HKID Card No. (please provide copy) and Year of Birth	Dependency Status (Please put "✓" in the appropriate box)		
		at least 6 months during 1.4.2022 to 31.3.2023		
		Resided with the applicant's family	Resided in premises owned or rented by the applicant or his/her spouse	Resided in an elderly home and the expenses were fully paid by the applicant or his/her spouse OR totally supported by the applicant or his/her spouse
(1) Name in Chinese <input type="text"/> Name in English <input type="text"/>	HKID Card No. <input type="text"/> () Year of Birth <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Name in Chinese <input type="text"/> Name in English <input type="text"/>	HKID Card No. <input type="text"/> () Year of Birth <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Family Income

Please provide information on your position and relevant actual income (including part-time income) and those of your family member(s) during the period from **1 April 2022 to 31 March 2023**. 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 may be added if there is insufficient space to provide the information. Caritas Charles Vath College may make adjustment and apply benchmark figures on the basis of statistical information provided by relevant government departments (e.g. Census and Statistics Department) to assess your income and those of your family member(s) if you are unable to provide income proof or detailed calculation of income earned during the assessment period.

Applicant and Family Member	Mode of employment	Position (Please specify period if it is not a whole year)	Total Annual Income (\$) (Including bonus / allowance / part-time income (excluding Mandatory Provident Fund(MPF) / Provident Fund contribution by employee))	
			Salary (\$)	Business Profit (\$)
① Applicant	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>
	# <input type="checkbox"/> Part-time		Business Profit (\$)	<input type="text"/>
② Spouse	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>
	# <input type="checkbox"/> Part-time		Business Profit (\$)	<input type="text"/>
③ Unmarried child residing with the family (if applicable) Name: _____	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>
	# <input type="checkbox"/> Part-time		Business Profit (\$)	<input type="text"/>
④ Unmarried child residing with the family (if applicable) Name: _____	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>
	# <input type="checkbox"/> Part-time		Business Profit (\$)	<input type="text"/>
⑤ Other income (if applicable)	Contribution from children not residing together, relatives or friends (\$)		Rental income of property, land, carpark, vehicle or vessel (\$)	Interests from investments, fixed deposit (\$)
	Pension / Alimony (excluding lump sum retirement gratuity) (\$)		Widow's & Children's Compensation (\$)	Others (\$)
Total = _____				

Part IV Medical Expenses Incurred by Family Member(s) with Chronic Illness (Please provide a copy of supporting document)

Name	Nature of incapacity or Chronic illness	Medical expenses incurred within the assessment period(\$)
		<input type="text"/>

Part V Applicant's Supplementary Information (please append a separate sheet for supplementary information, if necessary)

- If you have filled in Part II particulars of any student-applicant who is **not** a self-bearing child of yours, please specify his/her name and explain in detail why the application is not submitted by the parent of the student.

- If your family is receiving/has received CSSA any time during the period from 1 April 2022 to the time of submission of application, please 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, please state details of the situation, relevant duration and submit supporting documents.

Part VI Declaration

I / We have read the Guidance Notes(GN). I / We fully understand and agree to the arrangements stated therein in relation to my / our application. I / We undertake and warrant that I / We shall comply with all provisions in the GN & Notes and such other requirements. I / We hereby declare that:

- The information in this application form and the supporting documents provided by me / us are true, complete and accurate. I / We understand and consent that Caritas Charles Vath College (CCVC) will assess the eligibility and assistance level of my family based on the information provided by me / us. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of CCVC staff in their course of authentication will lead to disqualification of issued eligibility certificate and notification letter, restitution in full of the assistance granted and possible prosecution. I / We commit to refund CCVC any overpayment of financial assistance granted immediately upon request.
- I / We give consent to the CCVC and its authorized bodies to process my / our application and use the personal data provided to the CCVC in connection with this application form in accordance with Guidance Notes and to liaise with related parties to verify and disclose the information provided by me / us.
- I am / We are authorized by all the family members listed in this application form to give consent and hereby give consent on their behalf to CCVC.

Signature of Applicant: _____

Date: _____