

HEEP YUNN SCHOOL

Application for Fee Remission 2024 – 2025

申請人可向校務處索取或從學校網頁下載中文版本申請表 (www.hys.edu.hk)
Please put a tick in the appropriate boxes.

Application Results (For School Use Only)

Ref. No.: HYS-____-____ New Late Application

A P () D R 100% 75% 50% 25%

Date : _____

Part I Particulars of Applicant (Applicant must be parent / guardian of remission recipient)

1. Name in Chinese		2. HKID Card Number	
3. Name in English			
4. Relationship with recipient	Father <input type="checkbox"/> Mother <input type="checkbox"/> Others <input type="checkbox"/> (Please specify: _____)		
5. Age	35 or below <input type="checkbox"/> 36-40 <input type="checkbox"/> 41-45 <input type="checkbox"/> 46-50 <input type="checkbox"/> 51-55 <input type="checkbox"/> 56-60 <input type="checkbox"/> 61 or above <input type="checkbox"/>		
6. Telephone No. (Home)		7. Telephone No. (Mobile)	
8. Email Address			
9. Correspondence Address	Flat: _____ Floor: _____ Block: _____		
	Name of Building, Estate/ Village: _____		
	No. & Name of Street: _____		
	District: _____ Area: HK <input type="checkbox"/> KLN <input type="checkbox"/> NT <input type="checkbox"/> Mainland <input type="checkbox"/> Overseas <input type="checkbox"/> (Please specify: _____)		
	Self-owned property <input type="checkbox"/> (Monthly mortgage payment <input type="checkbox"/> Fully paid <input type="checkbox"/> Rental property <input type="checkbox"/> (Public Housing <input type="checkbox"/> Private Housing <input type="checkbox"/> Others <input type="checkbox"/> (Please specify: _____)		
10. Applicant's marital status as from 1-4-2023 to 31-3-2024	Married <input type="checkbox"/> (Please provide spouse's information in part III.)		
	Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> (Please provide copies of supporting document)		
	Others <input type="checkbox"/> (Please specify: _____)		

Part II Particulars of Remission Recipient (Please provide information of your daughter(s) currently studying at Heep Yunn School.)

	Recipient Daughter	Daughter (2) studying at HYS	Daughter (3) studying at HYS
1. Assigned Ref. No. (if applicable)	HYS - -	HYS - -	HYS - -
2. Name in Chinese			
3. Name in English			
4. Class & Class No. (2023/24)	()	()	()
5. Class & Class No. (2024/25) (if applicable)	()	()	()
6. HKID Card Number			
7. Mobile No. of Recipient Daughter (if applicable):			
8. School Registration No. of Recipient Daughter (e.g. S120001):			
9. Email Address of Recipient Daughter			
10. Have you applied for the financial assistance schemes of the Student Finance Office (SFO) in 2023/24? Yes <input type="checkbox"/> (Please proceed to 11.) No <input type="checkbox"/> (Please proceed to 12.)			
11. What is the result of your application to the financial assistance schemes of the SFO in 2023/24? Level of remission: Full <input type="checkbox"/> Level of remission: Half <input type="checkbox"/> Rejected <input type="checkbox"/>			
12. What are the reasons for not applying for the financial assistance schemes of the SFO in 2023/24? Not aware of the schemes <input type="checkbox"/> Not eligible <input type="checkbox"/> No need <input type="checkbox"/> CSSA recipient <input type="checkbox"/> Other reasons <input type="checkbox"/> (Please specify: _____)			
(Remarks: 1. The financial assistance schemes of the SFO includes School Textbook Assistance Scheme, Student Travel Subsidy Scheme and Subsidy Scheme for Internet Access Charges. 2. The school recommends all eligible families apply for both the financial assistance schemes of the SFO and the school's fee remission scheme.)			

Part III Particulars of Other Family Members

Spouse (Leave blank if spouse is deceased, divorced or separated. Please provide copy of supporting documents for separation / divorce or spouse's Death Certificate.)												
1. Name in Chinese				2. HKID Card Number <input type="checkbox"/> / Other identity proof <input type="checkbox"/>								
3. Name in English												
4. Age 35 or below <input type="checkbox"/> 36-40 <input type="checkbox"/> 41-45 <input type="checkbox"/> 46-50 <input type="checkbox"/> 51-55 <input type="checkbox"/> 56-60 <input type="checkbox"/> 61 or above <input type="checkbox"/>												
5. Mobile No.												
Unmarried children residing with the family (Excluding remission recipient(s) stated in part II)												
Child	Child 1				Child 2				Child 3			
1. Name in Chinese												
2. Name in English												
3. HKID Card Number												
4. Expected status as at 1/9/2024	Kindergarten or below <input type="checkbox"/> Primary/ Secondary <input type="checkbox"/> Tertiary education <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Others <input type="checkbox"/> (Please specify: _____)				Kindergarten or below <input type="checkbox"/> Primary/ Secondary <input type="checkbox"/> Tertiary education <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Others <input type="checkbox"/> (Please specify: _____)				Kindergarten or below <input type="checkbox"/> Primary/ Secondary <input type="checkbox"/> Tertiary education <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Others <input type="checkbox"/> (Please specify: _____)			
Dependent Parent	Dependent Parent 1				Dependent Parent 2				Dependent Parent 3			
1. Name in Chinese												
2. Name in English												
3. Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>				Male <input type="checkbox"/> Female <input type="checkbox"/>				Male <input type="checkbox"/> Female <input type="checkbox"/>			
4. Age												
5. HKID Card Number												
6. Whether dependent parent(s) are CSSA recipients?	Yes <input type="checkbox"/> (Not eligible) No <input type="checkbox"/>				Yes <input type="checkbox"/> (Not eligible) No <input type="checkbox"/>				Yes <input type="checkbox"/> (Not eligible) No <input type="checkbox"/>			
7. Status	Residing with the applicant <input type="checkbox"/> (Please provide proof of residential address of the dependent parent) Residing at another residential premises owned or rented by the applicant or his /spouse <input type="checkbox"/> (Please provide proof of residential address of the dependent parent(s) and the Demand for Rates and/or Government Rent or Tenancy Agreement of the residential premises.) Residing in his / her own premises, rented premises or elderly home and is totally supported by the applicant or his / her spouse <input type="checkbox"/> (Please provide the Tax Demand Note issued by Inland Revenue Department indicating the dependent status or elderly home receipts.) Living expenses fully/largely supported by the applicant or his/her spouse <input type="checkbox"/> (Please provide Tax Demand Note issued by Inland Revenue Department indicating the dependent status/ Bank transaction record showing payment of living expenses)				Residing with the applicant <input type="checkbox"/> (Please provide proof of residential address of the dependent parent) Residing at another residential premises owned or rented by the applicant or his /spouse <input type="checkbox"/> (Please provide proof of residential address of the dependent parent(s) and the Demand for Rates and/or Government Rent or Tenancy Agreement of the residential premises.) Residing in his / her own premises, rented premises or elderly home and is totally supported by the applicant or his / her spouse <input type="checkbox"/> (Please provide the Tax Demand Note issued by Inland Revenue Department indicating the dependent status or elderly home receipts.) Living expenses fully/largely supported by the applicant or his/her spouse <input type="checkbox"/> (Please provide Tax Demand Note issued by Inland Revenue Department indicating the dependent status/ Bank transaction record showing payment of living expenses)				Residing with the applicant <input type="checkbox"/> (Please provide proof of residential address of the dependent parent) Residing at another residential premises owned or rented by the applicant or his /spouse <input type="checkbox"/> (Please provide proof of residential address of the dependent parent(s) and the Demand for Rates and/or Government Rent or Tenancy Agreement of the residential premises.) Residing in his / her own premises, rented premises or elderly home and is totally supported by the applicant or his / her spouse <input type="checkbox"/> (Please provide the Tax Demand Note issued by Inland Revenue Department indicating the dependent status or elderly home receipts.) Living expenses fully/largely supported by the applicant or his/her spouse <input type="checkbox"/> (Please provide Tax Demand Note issued by Inland Revenue Department indicating the dependent status/ Bank transaction record showing payment of living expenses)			
Remarks:	1. Dependent parent must not be CSSA recipient. 2. Old Age Allowance (Fruit money) is not considered CSSA.											
Applicant or his/her spouse should continue to support their parent(s) in the 2024/25 school year and the form of support should be similar to that in the year of assessment.												

If applicant have special financial difficulties supporting unmarried children/ dependent parents residing in mainland/ overseas, please specify the situation and period and provide supporting documents: _____

Family Members: Applicant + ___ Daughter(s) studying at HYS + ___ Spouse + ___ other unmarried children + ___ dependent parents = Total No.: _____

Part IV Gross Annual Family Income

Please state the position, occupation and income (including part time work) of you and your family member(s) from **1 April 2023 to 31 March 2024**. If you / your family member(s) have/has retired, were/was unemployed or a homemaker during the period, please specify the status and relevant duration in the "position" column. Additional sheet(s) may be added if there is insufficient space to provide the information.

Applicant and Family Member	Employment Status	Occupation	Position	Name of company/organisation	Total Annual Income (HK\$) (including bonus, allowance, and part-time income, excluding Mandatory Provident Fund / Provident Fund contribution by the employee)
		(Please specify the period if not for whole year)			
(a) Applicant Name: _____	Full time <input type="checkbox"/> Part time <input type="checkbox"/>				
(b) Spouse Name: _____	Full time <input type="checkbox"/> Part time <input type="checkbox"/>				
(c) Unmarried child residing with the family Name : _____	Full time <input type="checkbox"/> Part time <input type="checkbox"/>				
(d) Unmarried child residing with the family Name : _____	Full time <input type="checkbox"/> Part time <input type="checkbox"/>				

(e) Other income (if applicable):

Contribution from children, relatives or friends (\$)	Rent receipt or other forms of income of property/ land/ carpark/ vehicle etc. (\$)	Interests from fixed deposits with banks and bonds, dividends from stocks, shares, etc. (\$)	Alimony (\$)	Pension (Excluding lump sum retirement gratuity) (\$)	Widow or children's compensation (\$)	Others (\$)

Total (a) + (b) + (c) + (d) + (e) =

Part V: Medical Expenses Incurred by Family Member(s) with Chronic Diseases (Please provide copies of supporting documents)

Name	Nature of Incapacity/ Chronic Diseases	Medical Expenses incurred from 1/4/2023 to 31/3/2024 (\$)

Part VI: Applicant's Supplementary Information (Please append a separate sheet if necessary.)

1. If you have filled in Part II a remission recipient daughter who is not your legal child, please explain why the application is not submitted by her legal parents and provide relevant proof.

2. If you have special financial hardship, please explain the situation, specify the period and provide relevant proof.

Part VII Copies of HK Smart ID Card of applicant and all family members

Please 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 (if applicable)
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Applicant

Spouse

Copy of the HK Smart ID Card of the recipient daughter	Copy of the HK Smart ID Card of family member (other children and dependent parents (if applicable)
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Recipient daughter

Family member

Copy of the HK Smart ID Card of family member (other children and dependent parents (if applicable)	Copy of the HK Smart ID Card of family member (other children and dependent parents (if applicable)
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Family member

Family member

Copy of the HK Smart ID Card of family member (other children and dependent parents (if applicable)	Copy of the HK Smart ID Card of family member (other children and dependent parents (if applicable)
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Family member

Family member

Part VIII Checklist for supporting documents

Please put a tick in the appropriate boxes to indicate that the supporting documents will be submitted to the school with the application form. Please provide photocopies only, unless specified otherwise.

A. Documents regarding family members:

1. HK Smart ID Card or other valid identity documents of the applicant and all family members
2. Supporting documents for single-parent family: Supporting documents for separation / divorce or spouse's Death Certificate
3. Supporting documents for dependent parents: proof of residential address of the dependent parent(s) if residing with the applicants / proof of residential address of the dependent parent(s) and the Demand for Rates and/or Government Rent or Tenancy Agreement of the residential premises if residing at another residential premises owned or rented by the applicant or his/ her spouse / the Tax Demand Note issued by Inland Revenue Department indicating the dependent status / Receipt of the home for elderly / Bank transaction record
4. Supporting documents for medical expenses incurred by family member(s) with chronic diseases
5. Applicant's supplementary information (e.g. supporting document for special financial hardship)

B. Documents issued by the Social Welfare Department or Student Finance Office:

6. Comprehensive Social Security Assistance Recipient: "Notification of Successful Application" issued by the Social Welfare Department (Effective date until 1 September 2024 or later)/ Eligibility Certificate 23/24 issued by the Student Financial Office (SFO) (Applicant should return the Eligibility Certificate 24/25 on or before 31 December 2024 (Full or Half Grant)).

C. Documentary proof on total income of applicant and all family members from 1 April 2023 to 31 March 2024:

7. Salaried employed person: Tax Demand Note issued by Inland Revenue Department/ Employer's Return of Remuneration and Pension Form/ Salary Statement (original) / Bank transaction record showing payment of salary, allowance, etc. (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them/ Income Certificate certified by the employer (See Sample I*) / Self-prepared Income Breakdown (see Sample IV*, please specify the actual monthly income and payment method, and provide reasons for not being able to provide income proof)
8. Person running business or Self-employed person: Profit and Loss Account verified by a Certified Public Accountant / Self-prepared Profit and Loss Account (See Sample II or III*)/ Personal Assessment Notice/ Self-prepared Income Breakdown (see Sample IV*, please specify the actual monthly income and payment method, and provide reasons for not being able to provide income proof)
9. Landlord with rental income: Tenancy Agreement/ Bank transaction record showing rental income (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them)

D. Others:

10. Declaration Under Oath (original) (Applicant may make the declaration at the District Office under the Home Affairs Department or before a solicitor and submit the Declaration Form to the School. Holder of "Notification of Successful Application" issued by the Social Welfare Department for Comprehensive Social Security Assistance recipient/ Eligibility Certificate 23/24 or 24/25 issued by the Student Financial Office (SFO) are **NOT** required to make the declaration. Salaried employed person with Tax Demand Note issued by Inland Revenue Department/ person running business or self-employed person with Profit and Loss Account verified by a Certified Public Accountant are **NOT** required to make the declaration.)
11. One self-addressed and stamped envelopes

* Samples can be found in the Annex of SFO's Notes on How to Complete and Return Household Application Form [SFO 107B(2)]
(https://www.wfsfaa.gov.hk/sfo/pdf/common/Form/tt/form2324/SFO107B2_23.pdf)

Part IX: Declaration

I _____ (Name of applicant) hereby declare that:

1. I have read and understood the Guidelines to the Fee Remission Scheme of Heep Yunn School.
2. I understand that the Fee Remission Scheme of Heep Yunn School aims at assisting students with financial difficulties to study at the school; families without financial difficulties should not apply for the scheme.
3. I confirm that the information filled in this application and the supporting documents provided by me are true and complete.
4. I understand and agree that Heep Yunn School shall assess the eligibility and assistance level of my family based on the information.
5. I understand and agree that Heep Yunn School may require more information to verify and assess the details provided by me and to understand my family's financial difficulties.
6. I understand and agree that Heep Yunn School may pay home visit(s) to verify the details of the application or to invite me and all family members to present all original copies of supporting documents to the school for a meeting with the Headmistress/ Vice-Principal(s).
7. I understand that any omission or misrepresentation of information with a view to obtaining pecuniary advantage by deception is an offence, this will lead to disqualification of the fee remission scheme and a refund of the whole year (2024-2025)'s school fee and the total amount of living expenses subsidies granted to Heep Yunn School. Besides, I understand that the above is liable to legal proceedings.

Signature of Applicant: _____ HKID Card/ Identity proof No. of Applicant: _____

Date: _____

All documents and materials submitted are not returnable. However, an applicant has the right to obtain access and make corrections to the data provided by him / her. He / she can also obtain copies of his / her personal data subject to payment of necessary administrative charges. Such request should be addressed to the Headmistress, Heep Yunn School.

DECLARATION UNDER OATH
(OATHS AND DECLARATIONS ORDINANCE)

Note 1: This part should be completed and signed when making the Declaration.

Note 2: You must bring the **completed application form (6 pages in total)** with you when making the Declaration and have the Commissioner of Oaths/ the Solicitor stamp **all pages** of the form as proof.

I, _____ (Full Name) of

_____ (Home Address)

solemnly, sincerely and truly declare that:

I am the _____ (relationship: father/mother/legal guardian)

of the student _____ (Student Name).

The information provided in this application is true and complete to the best of my knowledge. I am aware that Heep Yunn School will assess and determine the student's fee remission based on the information provided in the application.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Ordinance.

(Signature of declarant)

Declared at
In the HKSAR this day of
through the interpretation of of
the said interpreter having been also first declared that he/she had truly, distinctly, and audibly interpreted the contents of this document to the declarant, and that he/she would truly and faithfully interpret the declaration about to be administered to him/her.

Before me,

Commissioner for Oaths / Solicitor

I, _____ of _____,
solemnly and sincerely declare that I well understand the English and Chinese languages and that I have truly, distinctly, and audibly interpreted the contents of this document to the declarant
_____, and that I will truly and faithfully interpret the declaration
about to be administered to him/her.

(Signature of interpreter)

Declared at
In the HKSAR this day of

Before me,

Commissioner for Oaths / Solicitor