



# **Diocesan Boys' School**

## **Primary Division**

### **Fee Remission Scheme**

#### **(2019-2020)**

## **Application Form**

#### Table of Content:

PART A	STUDENT'S PARTICULARS .....	1
PART B	APPLICANT'S PARTICULARS.....	1
PART C	PARTICULARS OF FAMILY MEMBERS .....	2
PART D	FAMILY INCOME.....	3
PART E	OTHERS.....	4
PART F	ADDITIONAL INFORMATION BY APPLICANT .....	4
PART G	DECLARATION .....	5

#### Others Documents

COVER SHEET FOR LETTER OF CONSENT FOR INCOME CHECK

LETTER OF CONSENT FOR INCOME CHECK

COVER SHEET FOR SUPPORTING DOCUMENTS

INCOME CERTIFICATE

INCOME STATEMENT



**Diocesan Boys' School Primary Division  
Fee Remission Scheme  
(2019–2020)  
Application Form**

FOR OFFICE USE									
Application No.									
Received on:									

Please complete all the boxes of this application in **BLOCK LETTERS** using a **black or dark blue ball pen**.

**PART A STUDENT'S PARTICULARS**

1. Name of Student in Chinese	<input type="text"/>
2. Chinese Character Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Name of Student in English	<input type="text"/>
4. Hong Kong Identity Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( )
5. Date of Birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> <input type="text"/> Year
6. Grade	<i>For New Student:</i> G. <input type="text"/> <i>For Current Student(2018–2019):</i> G <input type="text"/> Class <input type="text"/>

**PART B APPLICANT'S PARTICULARS**

1. Name in Chinese	<input type="text"/>
2. Chinese Character Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Name in English	<input type="text"/>
4. Relationship with Student	<input type="text"/> ('1' Parent, '2' Legal guardian – <i>Please specify:</i> _____)
5. Hong Kong Identity Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( )
6. Date of Birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> <input type="text"/> Year
7. Sex	<input type="text"/> ('1' Male, '2' Female)
8. Marital Status	<input type="text"/> ('1' Married, '2' Single/Separated/Divorced/Widowed)
9. Residential Phone No.	<input type="text"/>
10. Mobile Phone No.	<input type="text"/>
11. Office /Other Contact No.	<input type="text"/> Ext. <input type="text"/>
12. Email Address (If any)	<input type="text"/>
13. Residential Address	Flat/Room <input type="text"/> Floor <input type="text"/> Block <input type="text"/> Name of Building <input type="text"/> Estate/Village <input type="text"/> No. and Name of Street <input type="text"/> District <input type="text"/> District code <input type="text"/> Region <input type="text"/> ('1' Hong Kong, '2' Kowloon, '3' New Territories)

### PART C PARTICULARS OF FAMILY MEMBERS

Item No.	Name (As shown in the Hong Kong Identity Card)	Relationship with Applicant	Age	HK Identity Card No./Birth Registration Certificate No.	Occupation	Name of Employer/School	No. of family members
<b>I. Applicant and Applicant's Spouse</b>							
1.		Applicant					(Part I total) <input type="text"/> <b>A</b>
2.		Spouse					
<b>II. Unmarried Children Residing with the Family</b>							
3.		Student Applicant					(Part II total) <input type="text"/> <b>B</b>
4.							
5.							
6.							
7.							
8.							
<b>III. Dependent Parents Residing with the Family</b>							
7.							(Part III total) <input type="text"/> <b>C</b>
8.							
<b>Total No. of Family Members: A + B + C =</b>							<input type="text"/> <b>D</b>
<b>FOR OFFICE USE</b>							



## **PART E OTHERS**

Have you applied for the “Diocesan Boys’ School Primary Division Fee Remission Scheme (2018–2019)”?

(‘Y’ Yes, ‘N’ No)

## **PART F ADDITIONAL INFORMATION BY APPLICANT**

Please write down any additional information that assists the vetting process of the application.

Use a separate sheet if necessary.

## PART G DECLARATION

Please complete either English version or Chinese version of the following Declaration.

請填寫以下聲明的中文版或英文版。

I, \_\_\_\_\_ (Name of Applicant), have read and fully understood the “Diocesan Boys’ School Primary Division Fee Remission Scheme (2019–2020) Guidance Notes”. I hereby make the following declaration:

- (1) The information in the application form, supporting documents and other documents provided by me is complete and true to the best of my knowledge. I am aware that Diocesan Boys’ School Primary Division (the School) will rely on the information provided by me to determine my eligibility for and the level of fee remission. I understand that the School may conduct investigations into my application, including home visits. I also understand that any omission/misrepresentation of information with a view to obtaining pecuniary advantage by deception is an offence and is liable to legal proceedings.
- (2) I give the consent and confirm that I have obtained consent from my family members to authorize the School to handle the personal data/information provided in this application in accordance with Section 6 in Part I of the Guidance Notes and I will undertake to inform my family members of such an arrangement. I also give consent to the School to contact various authorities concerned, release my and my family members’ personal data to them for the purpose of processing my application or verifying the information provided in this application.
- (3) I understand that the School has the right to review my application and adjust my entitlements of fee remission if necessary. I undertake to refund to the School any over-payment of fee remission to me upon demand.
- (4) I agree to let the School check and counter-check this application. I also agree to provide further information on the application upon the School’s request. If I refuse to co-operate, I undertake to refund all the fee remission already received by me.

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

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

本人 \_\_\_\_\_ (申請人姓名) 已細閱《拔萃男書院附屬小學學費減免計劃(2019–2020)申請指引》，並完全明白其內容。現謹此聲明：

- (1) 本人所呈交的申請表、證明文件及其他文件內的資料，據本人所知，均屬正確無訛。本人知悉拔萃男書院附屬小學將根據這些資料，評定本人是否符合資格獲得學費減免及所獲減免之幅度。本人明白拔萃男書院附屬小學會就此項申請進行調查，包括家訪。本人亦明白如誤報或漏報資料，或以欺詐手段獲得金錢利益，均屬違法，可能會遭起訴。
- (2) 本人同意，並確定本人已獲本人的家庭成員同意，授權拔萃男書院附屬小學按申請指引第 I 部分第 6 節所載處理此項申請的資料。我並承諾將此項安排告知本人的家庭成員。本人亦同意拔萃男書院附屬小學可聯絡有關機構，向它們核對我及我的家庭成員的個人資料。
- (3) 本人明白拔萃男書院附屬小學有權覆檢本人的申請，並在有需要時調整本人所得的學費減免幅度。本人承諾在拔萃男書院附屬小學的要求下，願意將多出的學費減免款額歸還予拔萃男書院附屬小學。
- (4) 本人承諾接受拔萃男書院附屬小學查證與這份申請表有關的資料。本人亦承諾在拔萃男書院附屬小學的要求下，會提供更多關於這項申請的資料。假若我拒絕合作，本人願意立即全數歸還已獲發給的資助全額。

申請人簽署: \_\_\_\_\_

日期: \_\_\_\_\_



FOR OFFICE USE							
Application No.							

**Diocesan Boys' School Primary Division  
Fee Remission Scheme  
(2019-2020)**

**COVER SHEET FOR LETTER OF CONSENT FOR INCOME CHECK**

The "Letter of Consent for Income Check" should be completed and signed by

- ◆ the applicant
- ◆ the applicant's spouse
- ◆ the unmarried children residing with the family

whose income is indicated in Column (I) 'Gross Income from Employment' of Part D 'Family Income' in the application form.

***To be completed by the applicant:***

'Letter of Consent for Income Check'	
Completed and signed by	Number of letters returned
Applicant	
Applicant's Spouse	
Unmarried Children Residing with the Family	
Total	

I, \_\_\_\_\_ (Name of Applicant),  
the \*parent / legal guardian of \_\_\_\_\_ (Name of Student),  
have submitted the above documents with the application form.

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

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

\* Please delete where appropriate.

**PRIVATE & CONFIDENTIAL**

**Employee's Information** (During the period 1 April 2018 – 31 March 2019)

Name (\*Mr. / Ms.) : \_\_\_\_\_ (As shown in the H.K. Identity Card)  
H.K.I.D. No. : \_\_\_\_\_  
Job Title : \_\_\_\_\_  
Department : \_\_\_\_\_  
Company Name : \_\_\_\_\_  
Company Address : \_\_\_\_\_  
Phone No. : \_\_\_\_\_  
Fax No. : \_\_\_\_\_  
Period of Employment: : \_\_\_\_\_

**Employer's Information**

Contact Person (\*Mr. / Ms.) : \_\_\_\_\_  
Job Title : \_\_\_\_\_  
Department : \_\_\_\_\_  
Company Name : \_\_\_\_\_  
Company Address : \_\_\_\_\_  
Phone No. : \_\_\_\_\_  
Fax No. : \_\_\_\_\_  
Date : \_\_\_\_\_ **FOR OFFICE USE**

Dear Sir/Madam,

**Re: Letter of Consent for Income Check**

In connection with the application for Fee Remission Scheme (2019-2020) with Diocesan Boys' School Primary Division for a family member of mine, I have given consent to the school to obtain information and conduct necessary checks regarding my income during the period 1 April 2018 to 31 March 2019. I hereby confirm my agreement and authorization for the release of such information by your company.

Thank you for your assistance.

Yours faithfully,

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_ (As shown in the H.K. Identity Card)  
Date : \_\_\_\_\_

\* Please delete where appropriate.





FOR OFFICE USE

Application No.

**Diocesan Boys' School Primary Division**  
**Fee Remission Scheme**  
**(2019–2020)**

**COVER SHEET FOR SUPPORTING DOCUMENTS**

1. Please tick '✓' the appropriate boxes and complete the following table.
2. Please sign in the space provided.
3. Please put ALL the supporting documents under this sheet and staple them, including this sheet.

**To be completed by the applicant:**

<b>Checklist of Documents Evidence to be Submitted with the Application</b>	
<b>Copy</b>	<b>Photocopies of identity cards or other identity documents of:</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(1) the applicant; (2) the applicant's spouse; (3) other family members listed in Part C of the application form; and (4) the student applicant.
<b>Original/ copy</b>	<b>Photocopies of documentary evidence of annual income for the period 1 April 2018 to 31 March 2019:</b>
<input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<p><b>Gross Income from Employment</b></p> (5) (IRC 6401) Notice of Assessment and Demand for Salaries Tax issued by the Inland Revenue Department
	If not available at the time of application, the following documents are required: (6) (IR 56B) Hong Kong Inland Revenue Employer's Return of Remuneration and Pension Form; or (7) Bank transaction records showing payment of salaries; or (8) Income Certificate
	<p><b>Profits from Business</b></p> (9) Accounts of the business; and (10) Relevant profits tax assessments issued by the Inland Revenue Department; and (11) Income Statement
	<p><b>Profits from Investments/ Interest earned from Bank Deposits, Stocks &amp; Shares, etc.</b></p> (12) Dividend Advice; or (13) Interest Advice; or (14) Bank Deposits Advice/Statements/Pass Book
	<p><b>Rental Income</b></p> (15) Property Tax Assessment Notices; or (16) Rental Receipt Records; or (17) Tenancy Agreement(s)
	<p><b>Other Income: Wages in lieu of notice of dismissal</b></p> (18) Termination Letter
	<p><b>Other Income: Alimony/living expenses from ex-spouse; Monthly pension / widow's &amp; children compensation/gratuity, etc.</b></p> (19) Relevant document(s)
<b>Original/ copy</b>	<b>Proof of single-parent family status:</b>
<input type="checkbox"/>	(20) E.g. Supporting documents for divorce/separation, death certificate of spouse, etc.
	<b>Others :</b>
<input type="checkbox"/>	(21) (Please specify:)

I, \_\_\_\_\_ (Name of Applicant),  
 the \*parent / legal guardian of \_\_\_\_\_ (Name of Student),  
 have submitted the above documents with the application form.

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

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

\* Please delete where appropriate

May 2019 Version

## INCOME CERTIFICATE

**(For people who are salaried employed but cannot produce salary statement, taxation documents, bank statement showing payment of salary or other income proofs)**

Note: This certificate is to be completed by the Employer.  
Employer's signature is required against amendment.

This is to certify that \_\_\_\_\_

(Hong Kong I.D. Card No.) \_\_\_\_\_

is employed in this company. The total salary and allowance and other income during the

Period from 1 April 2018 to 31 March 2019 is HK\$ \_\_\_\_\_

(i.e. period from \_\_\_\_\_ to \_\_\_\_\_ )

Company Name :	Name (*Mr./Ms.) :
_____	_____
_____	Position :
	_____
	Department :
	_____
Company Chop :	Contact Tel. No. :
<div style="border: 1px solid black; width: 200px; height: 100px; display: flex; align-items: center; justify-content: center;"> </div>	_____
	Signature :
	_____
	Date :
	_____

\* Please delete where appropriate.

## 收入證明書

(適用於沒法提供糧單、稅單、領取薪金的銀行自動轉帳紀錄或其他收入證明的受薪人士)

注意： 本證明書應由僱主填寫。  
如有塗改，請僱主在旁加簽。

茲證明 \_\_\_\_\_

(香港身分證號碼) \_\_\_\_\_

乃本公司職員。在 2018 年 4 月 1 日至 2019 年 3 月 31 日，其薪金、津貼及其他收入的總和為  
港幣\$ \_\_\_\_\_

(即在 \_\_\_\_\_ 至 \_\_\_\_\_ 期間)

公司名稱	:	_____	姓名	:	_____ (*先生/女士)
		_____	職位	:	_____
			部門	:	_____
公司蓋章	:	<div data-bbox="406 1232 798 1478" style="border: 1px solid black; width: 245px; height: 110px;"></div>	聯絡電話	:	_____
			簽署	:	_____
			日期	:	_____

\*請刪去不適用者

## INCOME STATEMENT

- ◆ For Sole proprietor, Partner of partnership business or Self-employed person.
- ◆ Sole proprietor or Partner of partnership business should also attach the Profit & Loss Account of the business.

**Information on the family member who is a Sole proprietor, Partner of partnership business or Self-employed person:**

Business owned by\* : Applicant / Spouse / Unmarried Children Residing with the Family

Name : \_\_\_\_\_ (As shown in the H.K. Identity Card)

H.K.I.D. No. : \_\_\_\_\_

Please "✓"	Job nature	Name of company / Occupation
<input type="checkbox"/>	Sole proprietor	
<input type="checkbox"/>	Partner of partnership business	
<input type="checkbox"/>	Self-employed person	

**Total income of the above business during the period 1 April 2018– 31 March 2019:**

HK\$

	A
--	---

Please explain the income in Box A in detail:

I declare that the above information is true and complete.

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

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

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

\*Please delete where appropriate.

## 收入聲明

- ◆ 適用於獨資經營人士、合夥業務的合夥人或自僱人士。
- ◆ 獨資經營人士或合夥業務的合夥人，須把營業損益表連同本《收入聲明》一同遞交。

家庭成員為獨資經營人士、合夥業務的合夥人或自僱人士的資料:

業務由以下人士擁有\*：申請人 / 配偶 / 同住的未婚子女

姓名：\_\_\_\_\_ (填寫香港身分證上所示之姓名)

香港身分證號碼：\_\_\_\_\_

請加“✓”號	工作性質	公司名稱 / 職業
	獨資經營人士	
	合夥業務的合夥人	
	自僱人士	

2018年4月1日至2019年3月31日期間上述業務的總收入： HK\$  A

請詳細解釋方格 A 內的收入：

本人謹此聲明，以上資料均屬完整真確。

申請人簽署：\_\_\_\_\_

申請人姓名：\_\_\_\_\_

日期：\_\_\_\_\_

\*請刪去不適用者