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Received on:															
Receipt No.:															



Diocesan Boys' School

Student Financial Assistance Scheme

(2025–2026)

Application Form

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Notes 注意事項

- Please read the Guidance Notes carefully before completion. 請於填表前詳閱申請指引。
- The applicant must be the parent or guardian (as recognized under Guardianship of Minors Ordinance, Cap 13) of the student applicant. 申請人必須是申請學生的父／母或是根據香港法例第 13 章《未成年人監護條例》下認可的監護人。
- This application form is written in both English and Chinese. In case of any inconsistency, the English version shall prevail. 如此申請表的中文與英文內容出現差異，一切以英文版為準。
- Additional sheets signed by the applicant may be added if there is insufficient space to provide information. 如有需要，可以另備有申請人加簽的附頁補充。

- Please complete all the boxes of this application in **BLOCK LETTERS** using a **black or dark blue ball pen**.
請用黑色或藍色筆以正楷清楚填妥此申請表。
- A signature is required against each amendment. 如有塗改，請在旁加簽。

PART A APPLICANT'S PARTICULARS 申請人資料

1. Name in English 英文姓名	<input type="text"/>																																							
2. Name in Chinese 中文姓名	<input type="text"/>																																							
3. HKID Card Number 香港身份證號碼	<input type="text"/>													()																										
4. Date of Birth 出生日期	<input type="text"/>				Year 年		<input type="text"/>		Month 月		<input type="text"/>		Day 日																											
5. Sex 性別	<input type="text"/>		('1' Male 男, '2' Female 女)																																					
6. Marital Status 婚姻狀況	<input type="text"/>		('1' Married 已婚, '2' * <i>Divorced 離婚 / Separated 分居 / Single 未婚 / Widowed 喪偶</i>)																																					
* Delete where appropriate. Please provide copies of supporting document. Spouse information need <u>not</u> be filled. 請刪去不適用者。請提交有關文件副本以證明單親家庭狀況。毋須提供配偶資料。																																								
7. Relationship with Student 與申請學生的關係	<input type="text"/>		('1' Parent 父母, '2' Legal guardian 合法監護人 – Please specify 請註明: _____)																																					
8. Residential Phone No. 住宅電話號碼	<input type="text"/>																																							
9. HK Mobile Phone No. 香港手提電話號碼	<input type="text"/>																																							
10. Office/ Other Contact No. 辦公室或其他聯絡號碼	<input type="text"/>								Ext.內線		<input type="text"/>																													
11. Email address 電郵地址	<input type="text"/>																																							
12. Residential Address 家庭住址	請用英文填寫:																																							
Flat/Room 室													<input type="text"/>				Floor 樓										<input type="text"/>		Block 座										<input type="text"/>	
Name of building 大廈名稱													<input type="text"/>																											
Estate/Village 屋邨/村名稱													<input type="text"/>																											
No. and Name of Street 街道名稱及號數													<input type="text"/>																											
District 分區													<input type="text"/>																											
District code 分區編號**													<input type="text"/>																											

**District code 分區編號

01. Central and Western District 中西區	10. Tsuen Wan District 荃灣區
02. Wan Chai District 灣仔區	11. Tuen Mun District 屯門區
03. Eastern District 東區	12. Yuen Long District 元朗區
04. Southern District 南區	13. North District 北區
05. Yau Tsim Mong District 油尖旺區	14. Tai Po District 大埔區
06. Sham Shui Po District 深水埗區	15. Sai Kung District 西貢區
07. Kowloon City District 九龍城區	16. Sha Tin District 沙田區
08. Wong Tai Sin District 黃大仙區	17. Kwai Tsing District 葵青區
09. Kwun Tong District 觀塘區	18. Islands District 離島區

PART B STUDENT APPLICANT'S PARTICULARS 申請學生資料

1. Name of Student in English 英文姓名	<input type="text"/>																																										
2. Name of Student in Chinese 中文姓名	<input type="text"/>																																										
3. HKID Card Number 香港身份證號碼	<input type="text"/>																																										
4. Date of Birth 出生日期	<input type="text"/>			Year 年	<input type="text"/>		Month 月	<input type="text"/>		Day 日																																	
5. Class 班級	For New Student (2025–2026): 2025–2026 學年 新 入讀：										Grade 年級	<input type="text"/>																															
	For Current Student (2024–2025): 2024–2025 學年 現正 就讀：										Grade 年級	<input type="text"/>																Class 班別	<input type="text"/>														
6. Do you give consent to the School to contact the above student regarding this application? 你是否同意本校就此份申請去聯絡以上學生？	<input type="checkbox"/>										('Y' Yes 是, 'N' No 否)																																
										If yes, Mobile Phone No.: 如同意，請提供手提電話號碼：																<input type="text"/>																	

PART C APPLICATION OF SCHEME(S) 申請減免的項目

- Please select the scheme(s) that you would like to apply. 請選擇申請減免的項目。
- Please tick '✓' the appropriate box(es). 請在適當的方格填上「✓」號。

Student in the academic year 2025–2026 學生於 2025–2026 學年就讀的年級	Fee Remission Scheme 學費減免計劃	Low Cost Lunch Scheme 廉價午餐計劃	Textbook Subsidy Scheme 書本津貼計劃	School Uniform Subsidy Scheme 校服津貼計劃
Grade 7 中一				
Grade 8 中二				
Grade 9 中三				
Grade 10 中四				
Grade 11 中五				
Grade 12 中六				

PART D PARTICULARS OF FAMILY MEMBERS 家庭成員資料

No	Family member 家庭成員	a Name in English (As printed on the HKID Card) 香港身份證上所示之 英文姓名	b Relationship with Applicant 與申請人 的關係	c Age 年齡	d HKID Card / Birth Registration Certificate No. 香港身份證 / 出世紙號碼	e Present occupation 現時的職業	f Name of Present Employer / Firm / School 現時的僱主 / 公司 / 學校名稱
I. Applicant and Applicant's Spouse 申請人和申請人的配偶							
1.	Applicant 申請人		Applicant 申請人				
2.	Spouse 配偶		Spouse 配偶				
Do you give consent to the School to contact your spouse regarding this application? <input type="checkbox"/> ('Y' Yes 是, 'N' No 否) 你是否同意本校就此份申請去聯絡你的配偶? If yes, Mobile Phone No.: <input type="text"/> 如同意, 請提供手提電話號碼:							
II. Unmarried Children Residing with the Family 與申請人同住的未婚子女							
3.	Child-1 子女-1		Student Applicant 申請學生			Student 學生	Diocesan Boys' School 拔萃男書院
4.	Child-2 子女-2		*Son 兒子 / Daughter 女兒				
5.	Child-3 子女-3		*Son 兒子 / Daughter 女兒				
6.	Child-4 子女-4		*Son 兒子 / Daughter 女兒				
III. Dependent Parents 受供養父母							FOR OFFICE USE
7.	Dependent Parent-1 受供養父母-1		*Applicant's parent 申請人父母 / Spouse's parent 配偶的父母			One "Dependent Parent(s) Information Form" (SFASA010) should be completed for each 'Dependent Parent'. 申請人須為每一位「受供養父母」填寫一份「受供養父母資料表格」(SFASA010)。 Please refer to Section 1.4 in Part II of the Guidance Notes for the definition of "Dependent Parents". 有關「受供養父母」的定義, 請參閱「申請指引」第II部第1.4節。	<input type="checkbox"/>
8.	Dependent Parent-2 受供養父母-2		*Applicant's parent 申請人父母 / Spouse's parent 配偶的父母				<input type="checkbox"/>
9.	Dependent Parent-3 受供養父母-3		*Applicant's parent 申請人父母 / Spouse's parent 配偶的父母				<input type="checkbox"/>
10.	Dependent Parent-4 受供養父母-4		*Applicant's parent 申請人父母 / Spouse's parent 配偶的父母				<input type="checkbox"/>
Total no. of Family Members 家庭成員數目:							<input type="text"/> A

*Please delete where appropriate. *請刪去不適用者。

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PART E FAMILY INCOME 家庭收入

No.	Actual Income during the Financial Year 1 April 2024 – 31 March 2025 2024 年 4 月 1 日至 2025 年 3 月 31 日期間的實際收入						Total 總數 *	
I. Applicant and Applicant's spouse 申請人和申請人的配偶								
1. Applicant 申請人								
If the Applicant was unemployed / was a housewife / has retired during 1 April 2024 to 31 March 2025, please specify: 如申請人在 2024 年 4 月 1 日至 2025 年 3 月 31 日期間失業 / 屬家庭主婦 / 已退休，請註明：								
Status 情況: **Unemployed 失業 / Housewife 家庭主婦 / Retired 已退休 / Others 其他: _____ Period 時段: YY-MM-DD From 從 - - To 至 - -								
Income from Employment / Self-employment or Business Profits 受僱 / 自僱工作的收入或營業盈利 (including full-time, part-time or temporary job 包括全職、兼職、短期工作的收入)	Period 時段 YY-MM-DD 年-月-日	From To - - - -	From To - - - -	From To - - - -	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ B $(B = R_1 + S_1 + T_1 + U_1)$ </div>			
	Occupation 職業							
	P ₁	Gross income 總收入	\$	\$				\$
	Q ₁	Mandatory contribution by employee (If applicable) 僱員強制性供款 (如適用) # '1' MPF 強積金 # '2' Provident Fund 公積金	# ('1' or '2') \$	# ('1' or '2') \$				# ('1' or '2') \$
	R ₁	Net 淨額 (R ₁ = P ₁ - Q ₁)	\$	\$				\$
Other Income 其他收入	S ₁	Interests/dividends from fixed deposits, bonds, stocks, etc. 定期存款、債券、股票等的利息/股息收益	\$					
	T ₁	Rental income 租金收入	\$					
	U ₁	Others 其他 (Please specify 請註明)	\$					
2. Applicant's spouse 申請人的配偶								
If the Spouse was unemployed / was a housewife / has retired during 1 April 2024 to 31 March 2025, please specify: 如申請人的配偶在 2024 年 4 月 1 日至 2025 年 3 月 31 日期間失業 / 屬家庭主婦 / 已退休，請註明：								
Status 情況: **Unemployed 失業 / Housewife 家庭主婦 / Retired 已退休 / Others 其他: _____ Period 時段: YY-MM-DD From 從 - - - - To 至 - - - -								
Income from Employment / Self-employment or Business Profits 受僱 / 自僱工作的收入或營業盈利 (including full-time, part-time or temporary job 包括全職、兼職、短期工作的收入)	Period 時段 YY-MM-DD 年-月-日	From To - - - -	From To - - - -	From To - - - -	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ C $(C = R_2 + S_2 + T_2 + U_2)$ </div>			
	Occupation 職業							
	P ₂	Gross income 總收入	\$	\$				\$
	Q ₂	Mandatory contribution by employee (If applicable) 僱員強制性供款 (如適用) # '1' MPF 強積金 # '2' Provident Fund 公積金	# ('1' or '2') \$	# ('1' or '2') \$				# ('1' or '2') \$
	R ₂	Net 淨額 (R ₂ = P ₂ - Q ₂)	\$	\$				\$
Other Income 其他收入	S ₂	Interests/dividends from fixed deposits, bonds, stocks, etc. 定期存款、債券、股票等的利息/股息收益	\$					
	T ₂	Rental income 租金收入	\$					
	U ₂	Others 其他 (Please specify 請註明)	\$					
Part I Total Annual Income 年度總收入: B + C = D						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ D </div>		

*Please fill in actual figure without decimal places. 請填報實際收入，不用填寫小數位。

**Please delete where appropriate. 請刪去不適用者。

PART E FAMILY INCOME 家庭收入 (Continued 續)

No.	Actual Income during the Financial Year 1 April 2024 – 31 March 2025 2024 年 4 月 1 日至 2025 年 3 月 31 日期間的實際收入				Total 總數 *
II. Unmarried Children Residing with the Family 同住的未婚子女 You must complete this part for unmarried children residing with the family age 18 or above on 1 April 2024. 如同住的未婚子女於 2024 年 4 月 1 日已達 18 歲或以上，必須填寫此部分。					
1. Name in English 英文姓名：					
If the Unmarried Children Residing with the Family had no income during 1 April 2024 to 31 March 2025, please specify: 如同住的未婚子女在 2024 年 4 月 1 日至 2025 年 3 月 31 日期間沒有收入，請註明狀況： Status 情況： ** Unemployed 失業 / Under education 在學 ## / Others 其他： _____ Period 時段： YY-MM-DD From 從 ____-____-____ To 至 ____-____-____					
Income from Employment / Self-employment or Business Profits 受僱／自僱工作的收入或營業盈利 (including full-time, part-time or temporary job 包括全職、兼職、短期工作的收入)	Period 時段	YY-MM-DD 年-月-日	From To - - -	From To - - -	From To - - -
	Occupation 職業				
	P ₃	Gross income 總收入	\$	\$	\$
	Q ₃	Mandatory contribution by employee (If applicable) 僱員強制性供款 (如適用) # '1' MPF 強積金 '2' Provident Fund 公積金	# ('1' or '2') \$	# ('1' or '2') \$	# ('1' or '2') \$
	R ₃	Net 淨額 (R ₃ = P ₃ – Q ₃)	\$	\$	\$
	Other Income 其他收入				
	S ₃	Interests/dividends from fixed deposits, bonds, stocks, etc. 定期存款、債券、股票等的利息/股息收益	\$		
T ₃	Rental income 租金收入	\$			
U ₃	Others 其他 (Please specify 請註明)	\$			
\$ _____ E (E = R ₃ + S ₃ + T ₃ + U ₃)					
2. Name in English 英文姓名：					
If the Unmarried Children Residing with the Family had no income during 1 April 2024 to 31 March 2025, please specify: 如同住的未婚子女在 2024 年 4 月 1 日至 2025 年 3 月 31 日期間沒有收入，請註明狀況： Status 情況： ** Unemployed 失業 / Under education 在學 ## / Others 其他： _____ Period 時段： YY-MM-DD From 從 ____-____-____ To 至 ____-____-____					
Income from Employment / Self-employment or Business Profits 受僱／自僱工作的收入或營業盈利 (including full-time, part-time or temporary job 包括全職、兼職、短期工作的收入)	Period 時段	YY-MM-DD 年-月-日	From To - - -	From To - - -	From To - - -
	Occupation 職業				
	P ₄	Gross income 總收入	\$	\$	\$
	Q ₄	Mandatory contribution by employee (If applicable) 僱員強制性供款 (如適用) # '1' MPF 強積金 '2' Provident Fund 公積金	# ('1' or '2') \$	# ('1' or '2') \$	# ('1' or '2') \$
	R ₄	Net 淨額 (R ₄ = P ₄ – Q ₄)	\$	\$	\$
	Other Income 其他收入				
	S ₄	Interests/dividends from fixed deposits, bonds, stocks, etc. 定期存款、債券、股票等的利息/股息收益	\$		
T ₄	Rental income 租金收入	\$			
U ₄	Others 其他 (Please specify 請註明)	\$			
\$ _____ F (F = R ₄ + S ₄ + T ₄ + U ₄)					
Part II Total Annual Income 年度總收入: E + F = G \$ _____ G					

Please provide copies of supporting document, e.g. student ID card. 請提供有關文件副本以證明，如學生證。

PART F OTHERS 其他

1. Have you applied for the Diocesan Boys' School Student Financial Assistance Scheme (2024–2025)?

你是否曾申請拔萃男書院學生資助計劃(2024–2025)?

☐ ('Y' Yes 是, 'N' No 否)

2. Are you receiving subsidy from the Comprehensive Social Security Assistance (CSSA) Scheme? If yes, please provide the CSSA reference number.

你是否正領取綜合社會保障援助(簡稱綜援)? 如是, 請提供綜援檔案編號。

☐ ('Y' Yes 是, 'N' No 否)



CSSA reference number:

綜援檔案編號:

Note 注意事項:

Student-applicant approved to receive grants for textbooks and school uniforms under the CSSA Scheme should avoid applying for the same assistance in this application.

申請學生如已獲批綜援計劃下的課本及校服津貼, 應避免在本計劃申請同類資助。

3. Have you applied / Are you going to apply for the CSSA Scheme?

你是否正在 / 將會申請綜援?

☐ ('Y' Yes 是, 'N' No 否)

PART G ADDITIONAL INFORMATION BY APPLICANT 申請人的附加資料

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

請填寫任何有助審批申請的附加資料。

e.g. Provide relevant details of special financial hardship (e.g. the situation and duration), and submit supporting documents. 如你的家庭有特別的經濟困難, 請提交相關文件及提供詳盡資料(例: 有關狀況及時段)以茲證明。

Use a separate sheet if necessary. 如有需要可加紙補充。

PART H DECLARATION 聲明

Please read carefully through the paragraphs and sign in the space provided.

請細閱各段，然後在適當位置簽署。

I / We have read and fully understood the Guidance Notes of Diocesan Boys' School Student Financial Assistance Scheme (2025–2026) (the Scheme). I / We hereby make the following declaration:

本人／我們已細閱拔萃男書院學生資助計劃(2025–2026)的申請指引，並完全明白其內容。現謹此聲明：

- (1) The information in the application form, supporting documents and other documents provided by me / us is complete and true to the best of my / our knowledge. I am / We are aware that Diocesan Boys' School (the School) will rely on the information provided by me / us to determine my / our eligibility for financial assistance and to assess the level of financial assistance to be offered under the Scheme. I / We understand that the School may conduct investigations into my / our application, including home visits. I / We 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. Furthermore, a record of such event will be included in the student's personal file for any use or reference.

本人／我們所呈交的申請表、證明文件及其他文件內的資料，據本人／我們所知，均屬正確無訛。本人／我們知悉拔萃男書院將根據這些資料，評定本人／我們是否符合資格獲得計劃的資助和評估可獲得的資助金額。本人／我們明白拔萃男書院會就此項申請進行調查，包括家訪。本人／我們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，可能會遭到起訴，而此事亦會被記錄在學生的個人檔案內。

- (2) I / We give the consent and confirm that I / We have obtained consent from my / our 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 / We will undertake to inform my / our family members of such an arrangement. I / We also give consent to the School to contact various authorities concerned, release my / our and my / our family members' personal data to them for the purpose of processing my / our application or verifying the information provided in this application.

本人／我們同意，並確定本人／我們已獲本人／我們的家庭成員同意，授權拔萃男書院按申請指引第 I 部分第 6 節所載處理此項申請的資料。本人／我們並承諾會將此項安排告知本人／我們的家庭成員。本人／我們亦同意拔萃男書院可聯絡有關機構，向它們核對本人／我們及本人／我們家庭成員的個人資料。

- (3) I / We understand that the School has the right to review my / our application and adjust my / our entitlements of receiving financial assistance from the Scheme if necessary. I / We undertake to refund to the School any over-payment of financial assistance to me / us upon demand.

本人／我們明白拔萃男書院有權覆檢本人／我們的申請，並在有需要時調整本人／我們所得的資助。本人／我們承諾在拔萃男書院的要求下，願意將多出的資助款額歸還予拔萃男書院。

- (4) I / We agree to let the School check and counter-check this application. I / We also agree to provide further information on the application upon the School's request, such as income proofs and tax information issued by the Inland Revenue Department. It will lead to disqualification and restitution in full of the financial assistance granted if I / we and my / our family members refuse to co-operate.

本人／我們承諾接受拔萃男書院查證與這份申請表有關的資料。本人／我們亦承諾在拔萃男書院的要求下，會提供更多關於這項申請的資料，例如由稅務局所發出的稅務資料及入息證明。假若本人／我們及本人／我們的家庭成員拒絕合作，本人／我們的申請資格會被取消，而本人／我們願意立即全數歸還已獲發給的資助全額。

Signature of Applicant

申請人簽署：_____

HKID Card Number

香港身份證號碼：_____

Date 日期：_____

Signature of Applicant's spouse

申請人配偶簽署：_____

HKID Card Number

香港身份證號碼：_____

Date 日期：_____

FOR OFFICE USE												
Application No.												
							-				-	2 5 2 6



Diocesan Boys' School
Student Financial Assistance Scheme
(2025–2026)

COVER SHEET FOR LETTER OF CONSENT FOR INCOME VERIFICATION

- The applicant, the applicant’s spouse and the unmarried children residing with the family should complete one “Letter of Consent for Income Verification” (SFASA003) for each of their employment during the period 1 April 2024 to 31 March 2025.
- The School reserves the right to defer or disqualify the application if the applicant fails to submit the letter(s) (SFASA003).
- Please put ALL the letters (SFASA003) under this sheet and staple them, including this sheet.

To be completed by the applicant:

“Letter of Consent for Income Verification” (SFASA003)	
Completed and signed by	Number of letters
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: _____

FOR OFFICE USE														
Application No.														
						-				-	2	5	2	6



**拔萃男書院
學生資助計劃
(2025–2026)**

核對收入同意書封面頁

- 就 2024 年 4 月 1 日至 2025 年 3 月 31 日期間的每份受僱工作，申請人、申請人配偶及同住未婚子女須分別填妥和簽署一份「核對收入同意書」(SFASA003)。
- 如未能提交「核對收入同意書」(SFASA003)，申請將被延誤或不獲進一步處理。
- 請將所有「核對收入同意書」(SFASA003) 釘在此頁背後。

由申請人填寫：

「核對收入同意書」(SFASA003)	
由以下人士填妥及簽署的同意書：	同意書數目
申請人	
申請人配偶	
同住未婚子女	
總數	

本人 _____ (申請人姓名)，
 乃 _____ (申請學生姓名) 的父母／合法監護人，
 已連同申請表遞交上述文件。

申請人簽署: _____

日期: _____

PRIVATE & CONFIDENTIAL

- ♦ A signature is required against each amendment.

Employee's Information (During the period 1 April 2024 – 31 March 2025)

Name (*Mr./Ms.*)* : _____ (As printed on the HKID Card)

HKID card no. : _____

Mobile phone no. : _____

Office/Other contact no. : _____

Job position : _____

Department/Branch : _____

Period of employment : From _____ to _____

Employer's Information

Company name : _____

Contact person (*Mr./Ms.*)* : _____

Job position : _____

Department/Branch : _____

Contact phone no. : _____

Contact email : _____

Correspondence address : _____

* Please delete where appropriate.

Dear Sir/Madam,

Re: Letter of Consent for Income Verification

For the application of the Diocesan Boys' School Student Financial Assistance Scheme** (2025-2026) for a family member, I give consent to the school to obtain information and conduct necessary verification regarding my income during the period 1 April 2024 to 31 March 2025. I hereby confirm my agreement and authorization for the release of such information by your company.

Thank you for your assistance.

Yours faithfully,

Signature of Employee : _____

Name of Employee : _____ (As printed on the HKID Card)

Date : _____

** Website: <https://www.dbs.edu.hk/index.php?s=welfare&m=sfas>

私人及機密

◆ 如有塗改，請在旁加簽。

僱員資料 (2024 年 4 月 1 日至 2025 年 3 月 31 日期間)

姓名 (先生/女士)* : _____ (按香港身份證上所示)

香港身份證號碼 : _____

手提電話號碼 : _____

辦公室或其他聯絡號碼 : _____

職位 : _____

部門/分行 : _____

受僱日期 : 由 _____ 至 _____

僱主資料

公司名稱 : _____

聯絡人 (先生/女士)* : _____

職位 : _____

部門/分行 : _____

聯絡電話號碼 : _____

電郵 : _____

通訊地址 : _____

*請刪去不適用者

執事先生：

核對收入同意書

就本人家屬申請拔萃男書院學生資助計劃**(2025-2026)，本人同意該校獲取本人於 2024 年 4 月 1 日至 2025 年 3 月 31 日的入息資料，並加以查核。本人特此確認同意和授權 貴公司提供上述資料。

承蒙協助，謹此致謝。

僱員簽署 : _____

僱員姓名 : _____ (按香港身份證上所示)

日期 : _____

**網頁: <https://www.dbs.edu.hk/index.php?s=welfare&m=sfas>



Diocesan Boys' School
Student Financial Assistance Scheme
(2025–2026)

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:

Checklist of Documentary Evidence to be Submitted with the Application	
Original / copy	Documentary evidence of <i>Annual Family Income</i> for the period 1 April 2024 to 31 March 2025:
	A. Income of salaried employed person
<input type="checkbox"/>	(1) Employer's Return of Remuneration and Pensions Form (I.R. 56); if not available
<input type="checkbox"/>	(2) Salary Statement; if not available
<input type="checkbox"/>	(3) Tax Demand Note issued by the Inland Revenue Department (I.R.C. 6401); if not available
<input type="checkbox"/>	(4) Bank transaction record# showing payment of salary, allowance, etc; if not available
<input type="checkbox"/>	(5) "Income Certificate" (SFASA006) certified by the employer
	B. Income of self-employed driver, or person running business (including sole proprietorship business / partnership business / limited company)
<input type="checkbox"/>	(6) Profit and Loss Account verified by a Certified Public Accountant; if not available
<input type="checkbox"/>	(7) "Income Statement (Form C)" (SFASA009); or
<input type="checkbox"/>	(8) "Income Statement (Form A)" (SFASA007) with self-prepared Profit and Loss Account; and
<input type="checkbox"/>	(9) Personal Assessment Notice (if applicable)
	C. Income of salaried employed or self-employed person (except category B above) who cannot produce any income proofs
<input type="checkbox"/>	(10) "Income Statement (Form B)" (SFASA008)
	D. Other income: Interests / dividends from fixed deposits, bonds, stocks, etc.
<input type="checkbox"/>	(11) Dividend advice; or
<input type="checkbox"/>	(12) Interest advice; or
<input type="checkbox"/>	(13) Bank deposits advice / statements / passbook #
	E. Other income: Rental income
<input type="checkbox"/>	(14) Tenancy Agreement; if not available
<input type="checkbox"/>	(15) Bank transaction record showing rental income #
<input type="checkbox"/>	(16) Property tax assessment notices
	F. Other income: Alimony / living expenses from ex-spouse / monthly pension / widow's & children compensation / gratuity, etc.
<input type="checkbox"/>	(17) Relevant document(s)
Original / copy	Proof of single-parent family status:
<input type="checkbox"/>	(18) E.g. Supporting documents for divorce / separation, death certificate of spouse, etc.
	Others:
<input type="checkbox"/>	(19) (Please specify:)

Including the page with the name of bank account holder; please highlight the relevant entries and other deposit entries and make necessary remarks.

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: _____



拔萃男書院
學生資助計劃
(2025-2026)
證明文件封面頁

1. 請在適當的方格填上「✓」號，並填妥表格。
2. 請在適當位置簽署。
3. 請將所有證明文件釘在「證明文件封面頁」背後。

由申請人填寫：

須遞交的證明文件：	
正本／副本	在 2024 年 4 月 1 日至 2025 年 3 月 31 日期間「家庭全年總收入」的證明文件：
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. 受薪人士的收入 (1) 僱主填報的薪酬及退休金報稅表(I.R.56)；如沒有 (2) 薪俸結算書；如沒有 (3) 由稅務局發出的繳稅通知書(I.R.C. 6401)；如沒有 (4) 顯示支取薪酬、津貼等紀錄的銀行結算單 #；如沒有 (5) 由僱主填寫的「收入證明書」(SFASA006) 正本 B. 自僱司機、或經營業務人士 (包括獨資經營／合夥業務／有限公司) 的收入 (6) 由執業會計師核實的營業損益表；如沒有 (7) 「收入聲明 (表格丙)」(SFASA009)；或 (8) 「收入聲明 (表格甲)」(SFASA007) 連同自行擬備的營業損益表；及 (9) 個人入息課稅通知書(如適用) C. 未能提供任何收入證明的受薪或自僱人士 (除 B 類人士) 的收入 (10) 「收入聲明 (表格乙)」(SFASA008) D. 其他收入：定期存款、債券、股票等的利息／股息收益 (11) 股息通知書；或 (12) 利息通知書；或 (13) 銀行存款通知書／月結單／銀行存摺 # E. 其他收入：租金收入 (14) 租約；如沒有 (15) 顯示租金收入的銀行結算單 # (16) 物業稅評估通知書 F. 其他收入：贍養費／每月領取的退休金／孤兒寡婦金／恩恤金等 (17) 有關證明文件
正本／副本	有關單親家庭的證明文件：
<input type="checkbox"/>	(18) 如：離婚或分居證明文件、配偶的死亡證等
其他：	
<input type="checkbox"/>	(19) (請註明：)

#連戶口持有人姓名頁。請用顏色筆註明有關帳項及加以注釋，並在其他存入金額旁說明入數來源。

本人 _____ (申請人姓名)，
 乃 _____ (申請學生姓名) 的父母／合法監護人，
 已連同申請表遞交上述文件。

申請人簽署: _____

日期: _____

FOR OFFICE USE														
Application No.														
						—				—	2	5	2	6

COPIES OF HONG KONG IDENTITY (HKID) CARDS

[For the application of the Student Financial Assistance Scheme (2025-2026)]

香港身份證副本 [供申請學生資助計劃(2025-2026)之用]

- ◆ Please paste the HKID Card copies of the applicant, the applicant’s spouse, the student applicant and other family members listed in Part D of the “Application Form” (SFASA001) in the appropriate space below and overleaf. 請把申請人、申請人的配偶、申請學生以及「申請表」(SFASA001)第 D 部分所載列的其他家庭成員的香港身份證副本貼在適當的空格內。
- ◆ If the HKID Card is not available, please attach copies of other valid identity documents, e.g. Hong Kong Birth Certificate. 如沒有香港身份證，請夾附其他有效的身份證明文件副本，如香港出世紙。

<p>Copy of the HKID Card of the <u>applicant</u> <u>申請人</u>的香港身份證副本</p>	<p>Copy of HKID Card of the <u>applicant’s spouse</u> <u>申請人配偶</u>的香港身份證副本</p>
<p>Copy of the HKID Card of the <u>student applicant</u> <u>申請學生</u>的香港身份證副本</p>	<p>Copy of the HKID Card of the family member 家庭成員的香港身份證副本</p>
<p>Copy of the HKID Card of the family member 家庭成員的香港身份證副本</p>	<p>Copy of the HKID Card of the family member 家庭成員的香港身份證副本</p>

<div>Copy of the HKID Card of the family member 家庭成員的香港身份證副本</div>	<div>Copy of the HKID Card of the family member 家庭成員的香港身份證副本</div>
<div>Copy of the HKID Card of the family member 家庭成員的香港身份證副本</div>	<div>Copy of the HKID Card of the family member 家庭成員的香港身份證副本</div>
<div>Copy of the HKID Card of the family member 家庭成員的香港身份證副本</div>	<div>Copy of the HKID Card of the family member 家庭成員的香港身份證副本</div>
<div>Copy of the HKID Card of the family member 家庭成員的香港身份證副本</div>	<div>Copy of the HKID Card of the family member 家庭成員的香港身份證副本</div>

FOR OFFICE USE														
Application No.														
						-				-	2	5	2	6

INCOME CERTIFICATE

[For the application of the Student Financial Assistance Scheme (2025-2026)]

- ♦ For salaried employed person who cannot provide salary statement, taxation document, bank statement showing payment of salaries or other income proofs.
- ♦ This certificate is to be completed by the Employer. It must bear the company chop and telephone number of the employer.
- ♦ Employer's signature is required against amendment.

This is to certify that _____ (Name as printed on the HKID Card)

_____ (Hong Kong Identity Card No.)

is employed by this company as _____.

During the period from 1 April 2024 to 31 March 2025, his/her total salary (within and outside Hong Kong, including allowance, bonus, double pay, leave pay and other income)

is HK#\$ _____,

his/her Mandatory Provident Fund/Provident Fund **mandatory contribution by employee**

is HK#\$ _____.

Please specify the exact employment period within the above-mentioned period if it was less than 12 months: (from _____ to _____)

Company Name : _____ Name (Mr./Ms.)* : _____

Job Position : _____

Department : _____

Company Chop : _____ Contact Tel. No. : _____

Signature : _____

Date : _____

Please specify the currency if salary paid is not in Hong Kong dollars.

* Please delete where appropriate.

FOR OFFICE USE														
Application No.														
						-				-	2	5	2	6

收入證明書

[供申請學生資助計劃(2025-2026)之用]

- ◆ 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。
- ◆ 本證明書應由僱主填寫，並須備有公司蓋章及僱主聯絡電話。
- ◆ 如有塗改，請僱主在旁加簽。

茲證明 _____ (填寫香港身份證上所示之姓名)

_____ (香港身份證號碼)

乃受僱於本公司，職位是 _____。

在 2024 年 4 月 1 日至 2025 年 3 月 31 日期間，其總薪金（香港和香港以外地方，包括津貼、佣金、花紅、雙糧、假期工資等其他收入）的全年總和為港幣#\$ _____，

其強積金／公積金的僱員強制性供款的全年總和為港幣#\$ _____。

如不足十二個月，請填寫上述時段內的實際受僱日期：

(在 _____ 至 _____ 期間)

公司名稱	:	_____	姓名	:	_____ (先生／女士)*
		_____	職位	:	_____
			部門	:	_____
公司蓋章	:	<div></div>	聯絡電話	:	_____
			簽署	:	_____
			日期	:	_____

#如此職員支取薪金並非港幣，請註明貨幣種類。

*請刪去不適用者。

FOR OFFICE USE														
Application No.														
						–				–	2	5	2	6

INCOME STATEMENT (FORM A)

[For the application of the Student Financial Assistance Scheme (2025-2026)]

- ♦ For person running business (including sole proprietorship / partnership business).
- ♦ Sole proprietor or Partner of partnership business should also attach the Profit & Loss Account of the business which bears the company chop.
- ♦ A signature is required against each amendment.

Information on the *Family Member* # who is a Sole proprietor or Partner of partnership business:

Name of *Family Member* running the following company (Owner) : _____ (As shown in the HKID Card)

Relationship with applicant* : Applicant / Spouse / Unmarried Child Residing with the Family

HKID Card No. : _____

Company name : _____

Nature of business : _____

Company address : _____

Form of business ownership* : Sole proprietorship / Partnership^

^If it is a partnership, please specify the profit sharing ratio: _____%

Total income of the above business during the period 1 April 2024 – 31 March 2025:

HK\$

	A**
--	-----

Please explain the income in Box A in detail:

I declare that the above information is true and complete.

Signature of *Family Member* running the above company: _____
(if not the applicant)

Signature of Applicant: _____

Name of Applicant: _____

Date: _____

Please refer to Section 1.4 in Part II of the Guidance Notes for the definition of "Family Member".

* Please delete where appropriate.

** Business loss cannot be deducted from the Annual Family Income.

FOR OFFICE USE														
Application No.														
						-				-	2	5	2	6

收入聲明 (表格甲)
[供申請學生資助計劃(2025-2026)之用]

- ◆ 適用於經營業務人士(包括獨資經營／合夥業務)。
- ◆ 獨資經營人士或合夥業務的合夥人，須把備有公司蓋章的營業損益表連同本「收入聲明」一同遞交。
- ◆ 如有塗改，請在旁加簽。

「家庭成員」[#] 為獨資經營人士或合夥業務的合夥人的資料：

經營下述公司的「家庭成員」姓名 (東主) : _____ (填寫香港身份證上所示之姓名)

與申請人的關係* : 申請人 / 配偶 / 同住未婚子女 _____

香港身份證號碼 : _____

公司名稱 : _____

業務性質 : _____

公司地址 : _____

企業擁有權類型* : 獨資 / 合夥 ^ _____

^如屬合夥，請說明利潤分配比率： _____ %

2024 年 4 月 1 日至 2025 年 3 月 31 日期間上述業務的總收入： 港幣\$ **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。

經營上述公司的「家庭成員」簽署: _____
(如非申請人)

申請人簽署: _____
申請人姓名: _____
日期: _____

[#] 有關「家庭成員」的定義，請參閱「申請指引」第 II 部第 1.4 節。
^{*} 請刪去不適用者。
^{**} 營業虧損不可由「家庭全年總收入」中扣除。

FOR OFFICE USE														
Application No.														
						—				—	2	5	2	6

INCOME STATEMENT (FORM B)

[For the application of the Student Financial Assistance Scheme (2025-2026)]

- ♦ For person who cannot provide income proofs such as hawker, construction worker, renovation worker, casual worker, cleaner, etc.
- ♦ A signature is required against each amendment.

Information on the *Family Member* #:

Name of *Family Member*
engaged in the following business : _____ (As printed on the HKID Card)

Relationship with applicant* : *Applicant* / *Spouse* / *Unmarried Child Residing with the Family*

HKID Card No. : _____

Nature of Industry : _____

Position : _____

Actual Income:

- ♦ If you do not have any income in a specific month, please fill in \$0. Do not leave any month blank.
- ♦ In addition, for payment made in arrears, for instance, if the payment date of your salary for April is in May, you should fill in the salary amount in the month of April, etc.

Year 2024		Year 2025	
April :HK\$	September :HK\$	January :HK\$	
May :HK\$	October :HK\$	February :HK\$	
June :HK\$	November :HK\$	March :HK\$	
July :HK\$	December :HK\$		
August :HK\$			
Total Annual Income HK\$:			

Payment method: (Please tick '✓' the appropriate box. More than one item may be selected.)

- ☐ By Cash / Cash cheque
- ☐ By Cheque / Direct Credit (Please provide a copy of the transaction record including the page with the name of bank account holder; please highlight the relevant entries and other deposit entries and make necessary remarks.)

Reason for not being able to provide income proof: (Please tick '✓' the appropriate box.)

- ☐ I have no fixed employer.
- ☐ The company I worked for has wound up and I cannot obtain documentary proof from the ex-employer and do not have any other income proof.
- ☐ Others, please specify: _____

I declare that the above information is true and complete.

Signature of *Family Member*
engaged in the above business: _____ Signature of Applicant: _____
(if not the applicant) Name of Applicant: _____
Date: _____

Please refer to Section 1.4 in Part II of the Guidance Notes for the definition of "Family Member".

* Please delete where appropriate.

FOR OFFICE USE											
Application No.											
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收入聲明 (表格乙)

[供申請學生資助計劃(2025-2026)之用]

- ◆ 適用於未能提供收入證明的人士，如小販、三行工人、裝修工人、地盤雜工、散工、清潔工人等。
- ◆ 如有塗改，請在旁加簽。

「家庭成員」# 的資料:

從事下述行業的「家庭成員」姓名 : _____ (填寫香港身份證上所示之姓名)

與申請人的關係* : 申請人 / 配偶 / 同住未婚子女 _____

香港身份證號碼 : _____

行業 : _____

職位 : _____

實際收入:

- ◆ 如該月份沒有收入，請填上\$0，切勿漏空任何月份。
- ◆ 此外，如於 5 月份支薪而該筆收入是在 4 月份工作賺取的，應填寫在 4 月份的空格內，如此類推。

2024 年		2025 年
4 月 :港幣\$	9 月 :港幣\$	1 月 :港幣\$
5 月 :港幣\$	10 月 :港幣\$	2 月 :港幣\$
6 月 :港幣\$	11 月 :港幣\$	3 月 :港幣\$
7 月 :港幣\$	12 月 :港幣\$	
8 月 :港幣\$		
全年合共港幣\$:		

支取薪金方法: (請在適當方格內加「✓」號。可選擇多項。)

- ☐ 現金／現金支票
- ☐ 劃線支票／自動轉賬

(請提供上述期間的銀行存摺／結算單副本，連戶口持有人姓名頁，請用顏色筆註明有關帳項及加以注釋，以茲證明，並在其他存入金額旁說明入數來源。)

未能提供收入證明文件的原因: (請在適當方格內加「✓」號。)

- ☐ 沒有固定僱主。
- ☐ 前受僱的公司已倒閉，未能向前僱主索取證明文件，及沒有其他收入證明。
- ☐ 其他，請註明: _____

聲明: 本人謹此聲明，以上資料均屬完整真確。

從事上述行業的「家庭成員」簽署: _____

(如非申請人)

申請人簽署: _____

申請人姓名: _____

日期: _____

有關「家庭成員」的定義，請參閱「申請指引」第 II 部第 1.4 節。

* 請刪去不適用者。

FOR OFFICE USE														
Application No.														
						—				—	2	5	2	6

INCOME STATEMENT (FORM C)

[For the application of the Student Financial Assistance Scheme (2025-2026)]

- ♦ For self-employed taxi driver / lorry driver / minibus driver, etc.
- ♦ A signature is required against each amendment.

Information on the *Family Member* #:

Name of *Family Member*

engaged in the following business : _____ (As printed on the HKID Card)

Relationship with applicant* : Applicant / Spouse / Unmarried Child Residing with the Family

HKID Card No. : _____

Occupation* : Taxi driver / Lorry driver / Minibus driver / Others:

Vehicle Ownership* : Vehicle owner / Vehicle lessee

License number : _____ (For vehicle owner only)

Table of Income and Expenditure (From 1 April 2024 to 31 March 2025)

Income	1.	Rent (for vehicle owner only)	: HK\$
	2.	Profit from operating business	: HK\$
	3.	Others (please specify all items & breakdown of amounts)	: HK\$
Total Income (A) : HK\$			

Expenditure (excluding vehicle mortgages) (1 & 2 are applicable to vehicles lessee, 2 to 5 are applicable to vehicle owner)	1.	Vehicle rental fee	: HK\$
	2.	Fuel charges	: HK\$
	3.	Insurance premium	: HK\$
	4.	Maintenance fee	: HK\$
	5.	License fees	: HK\$
	6.	Others (please specify)	: HK\$
Total Expenditure (B) : HK\$			

Net profit** = Total Income (A) – Total Expenditure (B) = HK\$

Remark:

I declare that the above information is true and complete.

Signature of *Family Member*

engaged in the above business: _____

(if not the applicant)

Signature of Applicant: _____

Name of Applicant: _____

Date: _____

Please refer to Section 1.4 in Part II of the Guidance Notes for the definition of "Family Member".

* Please delete where appropriate.

** Loss cannot be deducted from the Annual Family Income.

FOR OFFICE USE														
Application No.														
						—				—	2	5	2	6

收入聲明 (表格丙)
[供申請學生資助計劃(2025-2026)之用]

- ◆ 適用於的士司機／貨車司機／小巴司機等自僱人士。
- ◆ 如有塗改，請在旁加簽。

「家庭成員」# 的資料:

從事下述職業的「家庭成員」姓名 : _____ (填寫香港身份證上所示之姓名)

與申請人的關係* : 申請人 / 配偶 / 同住未婚子女 _____

香港身份證號碼 : _____

職業* : 的士司機 / 貨車司機 / 小巴司機 / 其他: _____

車輛擁有權* : 車主 / 租車司機 _____

牌照編號 : _____ (車主適用)

收入及支出列表 (由 2024 年 4 月 1 日至 2025 年 3 月 31 日)

收入	1.	租金 (只適用於車主)	: 港幣\$
	2.	自營業務之收益	: 港幣\$
	3.	其他 (請詳列所有項目及各細項金額)	: 港幣\$
總收入 (A)			: 港幣\$

支出 (不包括車輛按揭金額) (第 1 及 2 項適用於租車司機, 第 2 至 5 項適用於車主。)	1.	租車支出	: 港幣\$
	2.	燃油費	: 港幣\$
	3.	保險	: 港幣\$
	4.	維修	: 港幣\$
	5.	牌費	: 港幣\$
	6.	其他 (請詳列所有項目及各細項金額)	: 港幣\$
總支出 (B)			: 港幣\$

淨盈利** = 總收入 (A) - 總支出 (B) = 港幣\$

備註:

本人謹此聲明，以上資料均屬完整真確。

從事上述職業的「家庭成員」簽署: _____
(如非申請人)

申請人簽署: _____
申請人姓名: _____
日期: _____

有關「家庭成員」的定義，請參閱「申請指引」第 II 部第 1.4 節。

* 請刪去不適用者。

** 虧損不可由「家庭全年總收入」中扣除。

FOR OFFICE USE												
Application No.												
						-					-	2 5 2 6

受供養父母資料表格
[供申請學生資助計劃(2025-2026)之用]

- 請參閱申請指引所列明「受供養父母」的定義。
- 如有塗改，請在旁加簽。
- 申請人須為每一位「受供養父母」填寫一份表格。

甲部：受供養父母的資料

姓名 (先生／女士)* : _____ (按香港身份證上所示)

香港身份證號碼 : _____

與申請人的關係* : 申請人的父母 / 申請人配偶的父母

以上受供養父母是否正領取綜合社會保障援助(簡稱綜援)? ☐ ('Y' 是, 'N' 否)

以上受供養父母在 2024 年 4 月 1 日至 2025 年 3 月 31 日期間內是否受僱? ☐ ('Y' 是, 'N' 否)

乙部：在評估年度內*(2024 年 4 月 1 日至 2025 年 3 月 31 日) 的供養情況

請在適當方格內加「✓」號。如不足一個月，請填寫實際日期。

年份	月份	與申請人的家庭同住，並由申請人/申請人配偶負責供養。	居住於申請人/申請人配偶自置或租用的另一住宅單位。	居於安老院並由申請人/申請人配偶支付全部有關費用。	居住於其/其配偶自置物業或租用單位，並由申請人/申請人配偶提供全部生活費用。
2024	4 月				
	5 月				
	6 月				
	7 月				
	8 月				
	9 月				
	10 月				
	11 月				
	12 月				
2025	1 月				
	2 月				
	3 月				
→ 請填寫丙部			→ 請填寫丁部	→ 請填寫丙部及戊部	

丙部：受供養父母居所的資料

受供養父母的住址 : _____

物業擁有權* : 公屋租戶 / 自置 / 租用

公屋戶主 / 業主 / 承租人姓名 : _____

在評估年度內的租金支出 / 按揭供款 : 港幣\$ _____

丁部：安老院的資料

安老院名稱 : _____

安老院地址 : _____

在評估年度內由申請人/申請人配偶支付的安老院費用 : 港幣\$ _____

在評估年度內由其他人支付的安老院費用 : 港幣\$ _____

戊部：給予受供養父母的生活費用

在評估年度內由申請人/申請人配偶提供的生活費用總額 : 港幣\$ _____

在評估年度內由其他人提供的生活費用總額 : 港幣\$ _____

聲明：本人謹此聲明，以上資料均屬完整真確。

申請人簽署 : _____ 申請人配偶簽署 : _____

申請人姓名 : _____ 申請人配偶姓名 : _____

日期 : _____ 日期 : _____

* 請刪去不適用者。