

陳樹渠紀念中學
Chan Shu Kui Memorial School

「陳樹渠助學金」(學費減免) 申請表
Application for Chan Shu Kui Grants (Tuition Fee Remission) Scheme

本人欲向貴校申請「陳樹渠助學金」(學費減免)，謹附上下列標示之文件供校方審核。

I would like to apply for the Chan Shu Kui Grants (School Fee Remission) Scheme. The following documents are submitted for your approval:

<input type="checkbox"/>	學生現正領取學生資助計劃全額津貼。(請附「學生資助辦事處資格證明書」副本) My child is receiving full grant under School Textbook Assistance Scheme (STAS-Full). (Please submit a copy of the Certificate of Eligibility.)
<input type="checkbox"/>	學生現正領取學生資助計劃半額津貼。(請附「學生資助辦事處資格證明書」副本) My child is receiving half grant under School Textbook Assistance Scheme (STAS-HALF). (Please submit a copy of the Certificate of Eligibility.)
<input type="checkbox"/>	本人的家庭現正領取綜合社會保障援助；並未能獲取社署任何學費資助。(請附「綜合社會保障援助受助人醫療費用豁免證明書」副本) My family is receiving "Comprehensive Social Security Assistance" (CSSA) but is not granted any school fee subsidies from the Social Welfare Department. (Please submit a copy of the Certificate of CSSA recipients (for Medical Waivers).)
<input type="checkbox"/>	家庭每月平均收支明細表。(請填寫背頁附件一) The Breakdown of Family Income and Expenditures. (Please complete appendix 1.)
請在適當方格內加✓。 Please ✓ where appropriate.	

本人謹此聲明，本表格內的資料全屬正確無訛。

I hereby declare that the information provided in this enrolment form is complete and correct.

家長/監護人姓名： Name of parent/guardian		家長/監護人簽署： Signature	
家長/監護人聯絡電話 Contact No.:			
學生姓名： Name of student:		學生班別 Class:	班號 Class No.
遞交表格日期 Date :			

備註： Remarks	<ol style="list-style-type: none"> 1. 申請人必須是申領資助學生的父/母或監護人。 Applicant must be parent / guardian of remission recipient 2. 學校會參考「學生資助辦事處」的評估方法(包括家庭入息限額等)，以決定資助資格及幅度(「1/5 減免」至「全免」)；特殊情況則酌情處理。 The School adopts the "Adjusted Family Income" Mechanism issued by the Students Finance Office to assess the eligibility of financial assistance and the assistance level applicable to it (1/5 to full remission). The School may exercise discretion for special cases. 3. 學費資助幅度將以校方收到申請表格的日期按比例作出調整。 The level of assistance will be adjusted proportionally according to the date of receipt of the application 4. 如有疑問，請致電 23800241 或電郵 csk@cskms.edu.hk 查詢。 For enquiries, please contact the school at 23800241 or email to csk@cskms.edu.hk.
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由校方填寫

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<input type="checkbox"/>	學費全額資助；生效日期： Full school fee assistance ; with effect from _____
<input type="checkbox"/>	學費半額資助；生效日期： Half school fee assistance ; with effect from _____
<input type="checkbox"/>	全年學費資助金額 _____，並由 _____ 起於每月學費中扣除。 Equivalent to _____ of the annual school fee is granted and such amount will be set with monthly school fee payment from _____
<input type="checkbox"/>	申請不獲批准。 The application is not approved.
<input type="checkbox"/>	其他 Others :
審核人簽署： Approved by (_____)	校長確認及核准簽署： Principal's Approval
日期 Date :	日期： Date

家庭每月平均收支明細表
Breakdown of Family Monthly Income and Expenditures

項目	金額
A. 家庭過去 12 個月的每月平均薪金收入(請附所有入息證明*) Average monthly household income in the last 12 months. (Please attach income proof.*)	
其他收入 (請註明) Other income (Please specify)	
1.	
2.	
3.	
小計 Sub-total : (A)	
*如未能提供入息證明，請說明原因 If proof of income is not provided, please specify reason. :	
B. 家庭過去 12 個月的每月平均支出 Average monthly household expenditure in the last 12 months.	
租金 / 按揭還款 Rent / Mortgage Installment	
水、電、煤、電話費等 Utilities	
交通費 Traveling	
餐費 Meals	
學費 School fee	
其他支出 (請註明) Other expenses (Please specify)	
1.	
2.	
3.	
小計 Sub-total : (B)	
家庭每月平均收支盈餘 / 不敷 (A) - (B) Family Monthly Income Surplus / Deficit (A) - (B)	

與申請人同住的其他家庭成員資料 **Particulars of Family Members**

姓名 Name :	年齡 Age :	關係 Relationship with student :	職業 Occupation :
1.			
2.			
3.			
4.			
5.			

備註 Remarks:

此明細表只供未能提供「學生資助辦事處資格證明書」或「綜合社會保障援助受助人醫療費用豁免證明書」之申請人使用。

Only those applicants who cannot provide either the Eligibility Certificate issued by the Working Family and Student Financial Assistance Agency or the Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers) are required to submit this breakdown.