#### 在職家庭及學生資助事務處 學生資助處

Working Family and Student Financial Assistance Agency Student Finance Office









Student Financial Assistance for

**Pre-primary Students** 











### Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS)

 To cover pre-primary students' school fee Grant for Schoolrelated Expenses for Kindergarten Students (Grant-KG)



 To cover kindergarten (KG) students' schoolrelated expenses

- Applicants are encouraged to submit electronic application via SFO E-link (https://ess.wfsfaa.gov.hk/).
- Application forms are also available on WFSFAA's website (https://www.wfsfaa.gov.hk/en/sfo/preprimary/kcfr/forms.php), and can be obtained from KGs, SFO, District Offices of HAD, Regional Education Offices of EDB in around July.









- Means-tested
- Needy families who require financial assistance may apply for fee remission.
- Students (at 2 years & 8 months old or above on 31.8.2023) attending KGs under the KG education scheme of EDB / children receiving whole-day child care services (aged 0-3) in registered child care centres (CCC), are eligible for the 2023/24 application. CCC student-applicants should also pass "social needs" assessment.





- Three levels of fee remission (full, ¾ and half) are available under KCFRS.
- Fee remission amount: [Actual school fees or fee remission ceiling (whichever is the less) + meal allowance for whole day class] x assistance level (100%, 75% or 50%)
- Fee remission ceilings under KCFRS for the 2023/24 school year will be promulgated on WFSFAA's website in September 2023.



## 2) Grant for School-related Expenses for Kindergarten Students (Grant-KG)



Target beneficiaries of Grant-KG:

- 1. Passing means test
- 2. Eligible for the KCFRS
- 3. Attending KGs under the KG education scheme of EDB (i.e. CCC students aged 0-3 not eligible)



# 2) Grant for School-related Expenses for Kindergarten Students (Grant-KG)



The rates for Grant-KG for the 2023/24 school year are listed in the table below -

|            | Eligible KG Students |
|------------|----------------------|
| Full grant | \$4,370              |
| 3/4 grant  | \$3,278              |
| 1/2 grant  | \$2,185              |



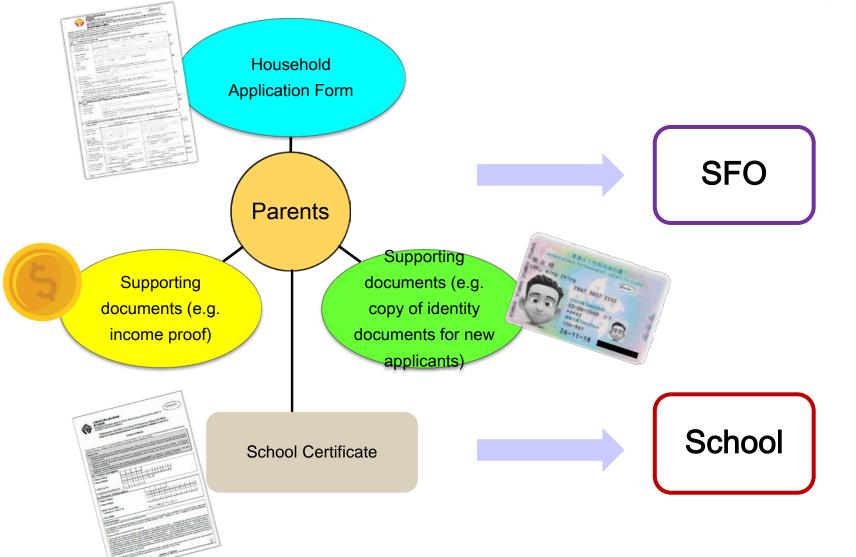
## Household Application for Student Financial Assistance Schemes



- Family-based application form
- Application forms will be distributed starting from July for new applicants of KCFRS/Grant-KG; e-form is also available online.
- Paper-based "School Certificate" should be submitted to schools as soon as possible.

## **Application Procedures**





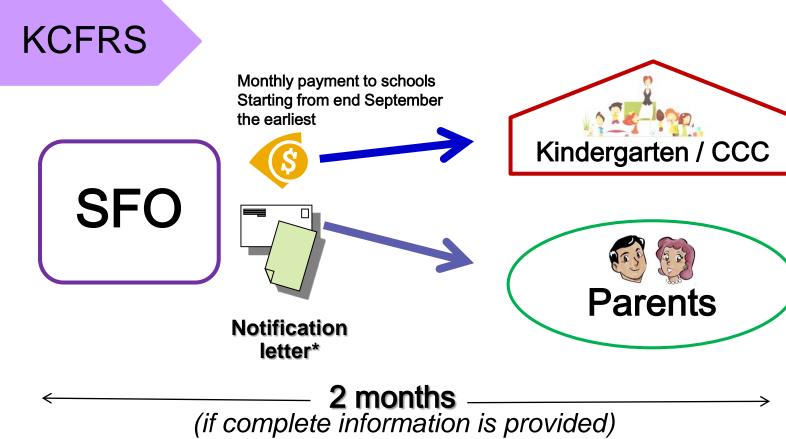




- New applicants should submit the completed application form together with the supporting documents to SFO by post or online, and the completed paper-based School Certificate (SC) to the attending school, as soon as possible on or before 31 August. Paper-based application forms will be available in around July, while e-form is also available online.
- Continuing applicants should submit the completed pre-filled application form (issued to applicants in around May) together with the supporting documents to SFO on or before 30 June by post or online. Pre-filled SC will be issued to those eligible continuing applicants passing means test from early August; if there is any update on the pre-filled SC, it should be submitted to the attending school for processing on or before 31 August.
- If there is/are other child(ren) in the family attending primary and/or secondary school(s) requiring financial assistance, the family only needs to submit one single household application for all children on or before 31 May.

## Notification and Payment for KCFRS





(\* Continuing applicants - Normally from August or within two months from receipt of application if complete information is provided, whichever is later

New applicants - Normally from September or within two months from receipt of application if complete information is provided, whichever is later)



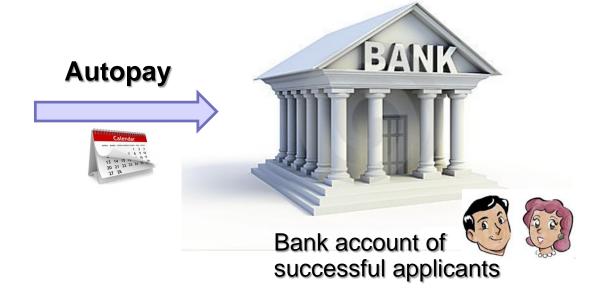
## Notification and Payment for Grant-KG



#### **Grant-KG**

- Notification of result will be issued together with KCFRS.
- Disbursement arrangement:

Grant for School-related Expenses for KG Students





## (E-form)

| Part I Particulars of the Applicant         | Part II Particulars r | femily Members a      | nd Financial Assistance S  | chemes being App  | slied for          |
|---|-----------------------|-----------------------|----------------------------|---|--------------------|
| Part II Residential Address Part II         | Timby in the          | Part V Medical Ex     | penses incurred by famil   | y Mender(x) with  | Chronic Shress     |
| Fart VI Applicant's Bank Account for P      | symeet of Assistan    | ica — Net VII App     | lcant's Supplementary in   | formation Pa  | et VII Declaration |
| A. Specum                                   | / Unmarred child      | tending with the life | 1 C. Subwdy for            | Internet Access C   | harges (SIA)       |
| D. Department Parent                        |                       |                       |                            |   |                    |
| Part II Particulars of Family I             | Mambau and            | Circu del Aced        | stance Calculate           |   | 16                 |
| rant ii Particulars of Pannity i            | vielingers and        | Fillands, Assi        | stance schemes o           | eng A, one  | 1101               |
| A. Spouse                                   |                       |                       |                            |   |                    |
| 1. Name in Chinese                          |                       |                       |                            |   |                    |
|   |                       |                       |                            |   |                    |
| Z. Name in English *                        |                       |                       |                            |   |                    |
| 3. Year of Birth*                           |                       |                       |                            |   |                    |
| 6. HKID Card No. 1                          |                       |                       |                            |   |                    |
| (AFANCID Cuted No. is next available; pleas | e provide Other Ide   | ntsly Document No.    | with copy of relevant pro- | d)  |                    |
| Other Identity Document Type*               |                       |                       |                            |   |                    |
| (Hause refer to paragraph 2.1 of 'Note      | s on How to Comp      | fele and Neturn Elec  | Ininc Household Applica    | dian Farm")   |                    |
|   |                       |                       |                            |   | ~                  |
| Other Identity Document No."                |                       |                       |                            |   |                    |
| 5. HK Mobile Phone No.                      |                       |                       |                            |   |                    |
|   |                       |                       |                            |   |                    |
|   |                       |                       |                            | 100 mar |                    |
|   |                       |                       | Provi                      | ous Page  | Next Page          |

## (Paper-based form) Part II Particulars of Dmily Members and Financial Assistance Schemes being Applied for

| 4 |    |                       |  |
|---|----|-----------------------|--|
|   | A. | Spouse                |  |
| 1 | ٨. | Avan of Chines        |  |
|   | 2. | Name in English       |  |
|   | 3. | Year of Birth         |  |
|   | 4. | HKID Card No.         | K2 L L L L L L L L L L L L L L L L L L L   |
|   |    |                       | (F. V.D Card No. is not available, please provide Other Identity Document No. with copy of relevant proof.)                          |
|   |    |                       | Other costity Document Type: [ ] [Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form") |
|   |    |                       | New Money Document No.:  |
|   | 5. | HK Mobile Phone No. @ |  |
|   | _  |                       |  |

#### Part II:

Particulars of Family Members
(A) Spouse (if applicable)



(E-form)

| Part I Particulars of the Applicate Part II Particulars of Family Members and Financial Assistance Schemes being Applied for   |
|--|
| Part III Residential Address Part IV Farmy records Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness   |
| Part VI Applicant's Bank Account for Perment of Assistance Part VII Applicant's Supplementary Information Part VIII Declaration  |
| A. Spruse Student-applicant 1 / Unmerried child residing with the family 1 C. Subsidy for Internet Access Charges (SIA)  |
| D. Dependent Parent  |
|  |
| B. Student-applicants and unmarried children residing with the family (If more than one child, please fill out this part starting norm the youngest child.)  |
| if more than one chia, piease ful out this part storting from the youngest value)  |
| Student-applicant 1 / Unmarried child residing with the family   |
| 1. Name in Chinese   |
| 2. Name in English *   |
|  |
| 3. Date of Birth (DD/MM/YYYY)*   |
| DD MM YYYY   |
| 4. HKID Card No./ Birth Certificate No."   |
|  |
| If not available, please provide:  |
| Other Identity Document Type * (Please refer to paragraph 2.1 of "Notes on How to Complete and Return Electronic" ousebook Application Form")  |
| Form )   |
|  |
| Other Identity Document No. "  |
|  |
| 5. Status for 2022-23 A. Under education S. In employment C. Unemployed D.Other  |
| 6. Name of School / Institution in 2023/24   |
|  |
| 7. Class level in 2023/24#   |
| ~  |
| 8. Mode of study# A. Whole-day B. Half-day (A.M. session) C. Half-day (P.M. session) D. Part-time  |
| 3. Apply for schemes (On student basis and you may choose more than 1 item, if applicable)#  |
| ○ Need ○ Do not need  Kindergarten & below levels#   |
| (1)KCFRS + (2)Grant-KG^  |
| (* Grant-KG only applicable to KG students (KT-K3))  |
| Applicants with children receiving whole-day child care services (N1-N2) should complete the "Social Needs" Assessment Form (SFO 235 Needs and submit to extend the companion of |
| below and submit together with the supporting documents.   |
| Primary & secondary levels or equivalent#  |
| □ (3) TA   |
| (4) STS  |
| (5) DAEFR/DYJFR (6)FR(FAEAEC)  |
| Mindianer  |
| Provious Page Next Page Add Child  |
|  |

(Paper-based form)

| B. Stude t-applicants<br>the oungest child.)   | and unmarried children residing with the family (If mor  | re than one child, please fill out this part starting from  |
|--|--|---|
|  | Student-applicant 1 / Unmarried child residing with the family 1   | Student-applicant 2 /<br>Unmarried child residing with the family 3   |
| 1. Name v Chinese 2. Name in English 3. Date of Birth 4. HKID Card No. / Birth Certificate No. / Coher Mantity Decement Ty)  Coher Mantity Decement Ty | D M Y M Northern Man Man on the in Complete and Management Management of Management Mana | M Y   Selection of the second |
| Other Mentity Document No.  75. Status for 2022-23  76. Name of School / Institution in 2023/24  | A. Under educationBl. In employment  | #A_Under educationB. In employment D. Other   |
| 7. Class level in 2023/24<br>8. Mode of study  | #  | #   |
| 9. Apply for schemes (On student basis and you may choose more than i ttem, if applicable)   | Institute   Inst   | Need   Do not need   Kinderparten & below levels:   (1)KCFRS = (2)Grant-KG^   |

- **(B)** Student-applicant and Unmarried Children Residing with the Family
- → Unmarried children residing with the family will only be counted as 'family members' under the Adjusted Family Income (AFI) mechanism if information is provided in this Section.



of 'Notes on How to Complete and Return

(Paper-based form)

## (E-form)

| Part I Particulars of the Applicant Part II Particular  | s of Family Members and Financial Assistance Schemes being Applied for                         | (i) Currently in receipt of the Comprehensive So | ocial Security Assistance (CSSA) a   | nd/or (ii) under emp                | loyment during the  | assessment period?  |
|---|--|--|--|-------------------------------------|---|---|
| Part III Residential Address Part IV Family Incom-  |  | # Yes (Need not complete Part 'D')               |  | d refer to Paragraph                | 2.3 of 'Notes on Ho   | _   |
| Part VI Applicant's Bank Account for Payment of Assi  | stance Part VII Applicant's Supplementary Information Part VIII Declaration                    |  |  | Dependency Statu                    | (Please put "✓" in  | the appropriate box   |
| A. Spouse B. Student-applicant 1 / Unmarried ch   | hild residing with the family 1  |  |  | of location                         | onths during 1.4.20   |   |
| D. Dependent Parent   |  | Name of Dependent Parent                         | HKID Card No. (Please provide<br>copy) and Year of Birth                                       | Resided with the applicant's family | Resided in premises<br>owned or rented by the<br>applicant or his/her<br>spouse | Resided in an elderly home and the expenses were fully paid by the applicant or his/her spouse <u>OR</u> totally supported by the |
| D. Dependent Parent   |  |  | 1  |                                     |   | applicant or his/her  |
| (If Applicant or his/her spouse two no dependent  | parent, please do not fill out the spaces below.)  | (1) Name in Chinese  Name in English             | HKID Card No.  |                                     |   |   |
| Is / are the dependent parent(s) (i) currently in rece<br>employment during the assessment period?# | ipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under                   |  | or   |                                     |   |   |
| Yes (Need not complete Part 'D')  |  |  | Other Identity Document Type: (Please refer to paragraph 1.1 of                                | 1 1                                 |   | 1 1   |
| No (Continue to complete Part 'D')  |  |  | "Notes on How to Complete and<br>Return Household Application                                  | II                                  | LI  | L!  |
| Dependent Parent 1  |  |  | Other Identity Document No.:   |                                     |   |   |
| Name in Chinese   |  |  | Year of Birth  |                                     |   |   |
|   | Part II (D):   |  |  |                                     |   |   |
| Name in English   | rartif(D).   | hin se   | HKID Card No.  |                                     |   |   |
|   |  |  |  |                                     |   |   |
| HKID Card No.*  |  |  | or October 14-10 in Dominion Trans   |                                     |   |   |
| This card No.   | <ul> <li>Dependent Parent (pa</li> </ul>   | rents  | Other Identity Document Type:  (Please refer to paragraph 1.1 of "Notes on How to Complete and |                                     |   |   |
|   | •  |  | Return Household Application   |                                     |   |   |
| OR Other Identity Document Type * (Please refer to<br>Application Form")                            | of applicant or spouse)  |  | Other Identity Document No.:   |                                     |   |   |
| replication rollin y  |  |  | Year of Birth  |                                     |   |   |
|   |  |  |  |                                     | 1   | 1   |
| Other Identity Document No. *   | - Dependency Status  |  |  |                                     |   |   |
|   | - Dependency Status  |  |  |                                     |   |   |
| Year of Birth   |  |  |  |                                     |   |   |
|   |  |  |  |                                     |   |   |
| Dependency Statu (at least 6 months during 1.4.20   | 22 to 31.3.2023)   |  |  |                                     |   |   |
| Please select one of the following dependency statu   | ıs   |  |  |                                     |   |   |
| Resided with the applicant's family   |  |  |  |                                     |   |   |
| Resided in premises owned or rented by the app  | •  |  |  |                                     |   |   |
| Resided in an elderly home and the expenses we<br>or his/her spouse                                 | ere fully paid by the applicant or his/her spouse <u>OR</u> totally supported by the applicant |  |  |                                     |   | 14  |
| OF HIS/HEF SDOUSE   |  |  |  |                                     |   |   |



## (E-form)

| Part I Particulars of the Applicant Part II Particulars of Family Members and   | d Financial Assistance Schemes being Applied for  |
|---|---|
| Part III Residential Address Pert IV Family Income Part V Medical Expo  | enses Incurred by Family Member(s) with Chronic Illness   |
| Part 35 Aug Tourist St. Associat for Payment of Assistance Part VII Applic  | ant's Supplementary Information Part VIII Declaration   |
| Part IV Family Income   |   |
| () we provide a copy of supporting document)  |   |
| Please provide information on your position and relevant actual income (in and those of your family member(s) during the period from 1 April 2022 to How to Complete and Return Electronic Household Application Form* (Not unemployed or has retired during the period, please specify the status and insufficient space to provide the information. For self-employed persons, pleasevices rendered, profit and loss account (please refer to Sample II of the "I Revenue Department). The SFO may make adjustment and apply benchmark relevant government departments (e.g. Census and Statistics Department) to you are unable to provide income proof or detailed calculation of income early. | 31 March 2023 (please refer to Paragraph 13.4(vi) of "Notes on<br>ay). If you / your family member(s) was a houseverfs, was<br>elevant duration. Additional sheet may be added if there is<br>raise provide the relevant income proof (e.g. receipt for<br>Notes" or Personal Assessment Notice issued by the Inland<br>figures on the basis of statistical information provided by<br>assess your income and those of your family member(s) if |
| (For the income fields below with (5) sign, such as solary, business proposes no relevant income, please input '0' in the field(x).)  | ntribution, etc., please input the correct amount. If there is  |
| Applicant  Made of employments    Full-time   Part-time   Position   (Please specify period if it is not a whole year)  |   |
| EXAMPLE: UNEMPLOYED (1.4.2022 - 30.4.2022); CLERK (1.5.2022 - 31.12.20  | IZ); SELF-E   |
| Total Annual Income (\$) Including bonus / allowance / part-time income (excluding Mandatory Prov Salary (\$) *  Business profit (\$) *   | Part IV: Breakdown of Total Family  |
| 2. Spouse  Mode of employments Pull-time Part-time  | Income  |
| Position (Please specify period if it is not a whole year)*   |   |
| EXAMPLE: HOUSEWIFE (1.4.2022 - 30.9.2022); PART-TIME CASHIER (1.10.2)   | 22 - 31.03.2023)  |
| Total Annual Income (\$)<br>Including bonus / allowance / part-time income (excluding Mandatory Prov<br>Salary (\$) "   | ent Fund (MPF) / Provident Fund contribution by employee)   |
| ,   |   |

## (Paper-based form)

art IV Family Income (Please provide a copy of supporting document)

Please provide information on your position and relevant actual income (including part-time income and no need to fill in decimal places) and those of amily member(s) during the period from 1 April 2022 to 31 March 2023 (please refer to Paragraph 9.2(vi) of "Notes on How to Complete and Return Household Application Form" (Notes). 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. For self-employed persons please provide the relevant income proof (e.g. receipt for services rendered, profit and loss account (please refer to the enclosed Sample II) or Personal Assessment Notice issued by the Inland Revenue Department). The SFO 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.

| App | licant and Family Member   | Mode of<br>employment (Ple                                  | Position<br>lease specify period if it is not a whole y | (Including bonus /<br>income (excluding        | al Income (\$)<br>allowance / part-time<br>Mandatory Provident<br>Provident Fund | For Office Use |  |  |  |
|-----|--|---|---|--|--|----------------|--|--|--|
| ①   | Applicant  | # Full-time<br># Part-time                                  |   | Salary (\$)<br>Business profit (\$)            |  |                |  |  |  |
| 2   | Spouse   | # Full-time<br># Part-time                                  |   | Salary (\$)<br>Business profit (\$)            |  |                |  |  |  |
| 3   | Unmarried child residing with<br>the family (if applicable)<br>Name: | # Full-time # Part-time                                     |   | Salary (\$)<br>Business profit (\$)            |  |                |  |  |  |
| 4   | Unmarried child residing with<br>the family (if applicable)<br>Name: | # Full-time # Part-time                                     |   | Salary (\$)<br>Business profit (\$)            |  |                |  |  |  |
| 6   | Other income (if applicable)   | Contribution for<br>children not resi<br>together, relative | siding property, land, carpark,                         | Interests from investments, fixed deposit (\$) | Alimony (\$)   |                |  |  |  |
| ദ   | other meone (it applicable)  | Pension (excluding lump sum retirement gratuity) (\$)       |   |  | Others (\$)  |                |  |  |  |
|     |  |   |   | <u> </u>                                       |  |                |  |  |  |



## (E-form)

| Video on e-Submissio  |   |
|---|---|
|   | <u>n</u>  |
| Click HERE to watch the vide  | os introducing how to complete and submit the electronic application form online.   |
| ompletion.)<br>Applicable to the Kindergarte<br>itudents (Grant-KG), School Te<br>Charges (SIA), Diploma of App                   | es and "Notes on How to Complete and Return Electronic Household Application Form" carefully before<br>in and Child Care Centre Fee Remission Scheme (KCFRS), Grant for School-related Expenses for Kindergarte<br>extbook Assistance Scheme (TA), Student Travel Subsidy Scheme (STS), Subsidy Scheme for Internet Access<br>lied Education Fee Reimbursement (DAEFR) / Diploma YI Jin Fee Reimbursement (DYJFR) and Fee<br>istance Scheme for Designated Evening Adult Education Courses) (FR(FAEAEC))] |
| # Please select the appropriate i   | item,* are mandatory items and @ are optional items.)   |
| Application Progress  |   |
|   |   |
|   | 50%   |
| Save Application  | Upload Saved Form   |
| Part I Particulars of the Applica   | ant Part II Particulars of Family Members and Financial Assistance Schemes being Applied for  |
| Part III Residential Address  | Part IV Family Income Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness   |
| Part VI Applicant's Ban'; Accou   | unt for Payment of Assistance Part VIII Applicant's Supplementary Information Part VIII Declaration   |
|   |   |
|   | nk Account for Payment of Assistance  |
| The account must be under t   | the applicant's name and please provide copy of the bank statement / first page of bank book)   |
|   | t number ectly. The account holder's name is a some us that printed on the bank   |
| Please enter the bank account   |   |
| Please enter the bank accoun<br>statement or passbook.  |   |
| statement or passbook.  | sh*   |
| statement or passbook.  | ish *   |
| statement or passbook.  | ish *   |
| <u>statement or passbook.</u><br>Account holder's name in Engli   | ish *   |
| statement or passbook.  Account holder's name in Engli  Applicant's bank account no.  | Bank Account Number*  |
| statement or passbook.  Account holder's name in Engli  Applicant's bank account no.  |   |
| statement or passbook.  Account holder's name in Engli  Applicant's bank account no. *  Bank Code*                                |   |
| statement or passbook.  Account holder's name in Engli  Applicant's bank account no. *  Bank Code*  e.g. Standard Chartered Bank  | Bank Account Number*  |
| statement or passbook.  Account holder's name in Engli  Applicant's bank account no. *  Bank Code*                                | Bank Account Number*  |
| statement or passbook.  Account holder's name in Engli  Applicant's bank account no. *  Bank Code*  (e.g. Standard Chartered Bank | Bank Account Number*  |

## (Paper-based form)

| The account must i               | be under the ap | olicant's ne | ime and | please p | rovide | copy  | of the | bank  | staten | ient/j | first | page | of ba | nk bo | ok) |  |  |  |
|----------------------------------|-----------------|--------------|---------|----------|--------|-------|--------|-------|--------|--------|-------|------|-------|-------|-----|--|--|--|
| Account holder's name in English |                 |              |         |          |        |       |        |       |        |        |       |      |       |       |     |  |  |  |
| Applicant's bank account no.:    |                 |              |         |          |        |       |        |       |        |        |       |      |       |       |     |  |  |  |
|                                  | Bank Code       | В            | ank Acc | ount Nu  | mber   |       |        |       |        |        |       |      |       |       |     |  |  |  |
|                                  | (e.g. Standard  | 1 Chartere   | Bank 0  | 03: HSE  | 3C 004 | : Har | ig Sen | g Ban | k 024) | )      |       |      |       |       |     |  |  |  |

#### Part VI:

Since the subsidies will be disbursed to the bank account of the eligible applicants through autopay, the applicant must provide a valid bank account and supporting proof to SFO.



## **Electronic Application Form**



- Applicants are encouraged to use electronic form (e-form) to submit application online.
- Completed "School Certificate" in paper format should be submitted to schools.
- If applicants have submitted an e-form online, they need NOT submit the paper-based form to SFO.

SFO E-link (https://ess.wfsfaa.gov.hk/espps)





## Leaflet on Household Application for Student Financial Assistance Schemes



Leaflets on household application for student financial assistance schemes in eight languages including Hindi, Indonesian, Nepali, Tagalog, Thai, Urdu, Punjabi(Indian) and Vietnamese can be obtained from the following places –

- SFO
- Kindergartens and Child Care Centres
- District Offices of HAD
- District Social Welfare Offices of the SWD
- Regional Education Offices of the EDB
- Various support service centres for people of diverse race

They are also available at WFSFAA's website at <a href="https://www.wfsfaa.gov.hk/sfo">https://www.wfsfaa.gov.hk/sfo</a>.





### **Useful Videos**



Applicants can watch the videos produced by SFO (<a href="https://www.wfsfaa.gov.hk/en/household\_youtube.htm">https://www.wfsfaa.gov.hk/en/household\_youtube.htm</a>) to understand the types of financial assistance schemes for pre-primary, primary and secondary students, and how to fill in and submit the application form.





## **Enquiry**





SFO Hotline: 2802 2345



Website: <a href="https://www.wfsfaa.gov.hk/">https://www.wfsfaa.gov.hk/</a>





## **Enquiry**



- Office: 12/F, One Mong Kok Road
   Commercial Centre,1 Mong Kok Road,
   Kowloon
- You may approach services centres for people of diverse race for assistance







## ขอขอบกุณ

धन्यवाद

ਤੁਹਾਡਾ ਧੰਨਵਾਦ

Chank you

ਧੰਨਵਾਦ

Terima kasih

Cảm ơn bạn

آپ کا شکریہ

Salamat