

Community Care Fund Assistance Programme – Provision of Subsidy to Needy Primary and Secondary Students for Purchasing Mobile Computer Devices to Facilitate the Practice of e-Learning (Assistance Programme)

Application Form (2020/21 School Year)
(Please return on or before 29 January 2021 by mail or by fax)

To: IT in Education Section, Education Bureau (Fax: 2382 4403)

My school will implement “Bring Your Own Device” (BYOD) policy for e-learning in the 2020/21 school year and would like to participate in the Assistance Programme, in accordance with the requirements stated in the Education Bureau CM No. 55/2020. Details are as follows: *(Please fill in all information in block letter, put a ✓ in the appropriate box and delete whichever is inapplicable where marked with *)*

Part A: School Particulars

School Name: _____

School Code:

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School Type: Primary Secondary Special

Finance Type: Government Aided Caput
 Direct Subsidy Scheme

School Contact: Tel: _____ Fax: _____ Email: _____

Address: _____

Teacher In-charge: Name (English) : *Mr/Ms _____
Name (Chinese) : _____ Post Title: _____
Tel: _____ Email : _____

Part B: Implementation Details

(1) The implementation position of my school is as follows:

My school has already participated in this programme in the 2018/19 and/or 2019/20 school year(s) and will continue to implement BYOD in the 2020/21 school year. (Please go to Part B (2))

OR

My school will implement BYOD for e-learning, and it is the first time for my school to participate in the programme in the 2020/21 school year.

(a) My school has advised parents to acquire mobile computer device for students to conduct e-learning in my school via the following channel(s):

2020/21 Textbook List School Circular/School Letter
 School Website Others (*Please Specify*) _____

(b) My school has established “Acceptable Use Policy”¹ for students’ use of mobile computer devices in learning.

¹ “Acceptable Use Policy” is a policy for governing students’ use of mobile computer device, wireless network and information, listing out acceptable and unacceptable acts.

(2) Estimated No. of Eligible Students in the 2020/21 School Year:

(All participating schools are requested to provide the estimated number of eligible students for budgeting purposes)

Class Level of BYOD	No. of BYOD Classes	Estimated No. of Eligible Students in the 2020/21 School Year			
		Receiving Comprehensive Social Security Assistance	Receiving Full Grant of the School Textbook Assistance Scheme	Receiving Half Grant of the School Textbook Assistance Scheme	Total
Total					

Declaration: I hereby declare that all information given in this application form is accurate. I understand that if I willfully give any false information, any subsidy approved will be withheld and any payment made shall be refunded to EDB.

Signature of Principal : _____
Name of Principal (English) : *Mr/Ms _____
Name of Principal (Chinese) : _____
Date : _____

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