

在職家庭及學生資助事務處
學生資助處

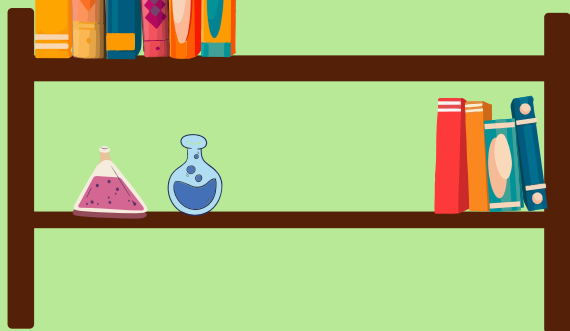
Working Family and Student Financial Assistance Agency
Student Finance Office



在職家庭及學生資助事務處
Working Family and Student Financial Assistance Agency



2024/25
Student Financial
Assistance for
Pre-primary Students



Fee Assistance



Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS)

- To cover pre-primary students' school fee



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

- To cover kindergarten (KG) students' school-related 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 Home Affairs Enquiry Centres of District Offices, schools, Regional Education Offices of EDB and the SFO (Mong Kok/Cheung Sha Wan) in around July.





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

- ▶ Means-tested
- ▶ Needy families who require financial assistance may apply for fee remission.
- ▶ **Students** (at **2 years & 8 months old** or above on **31.8.2024**) attending **KGs** under the **KG education scheme of EDB** are eligible for the **2024/25 application**.



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

- ▶ Three levels of fee remission (full, $\frac{3}{4}$ 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 2024/25 school year will be promulgated on WFSFAA's website in September 2024.



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 2024/25 school year are listed in the table below -

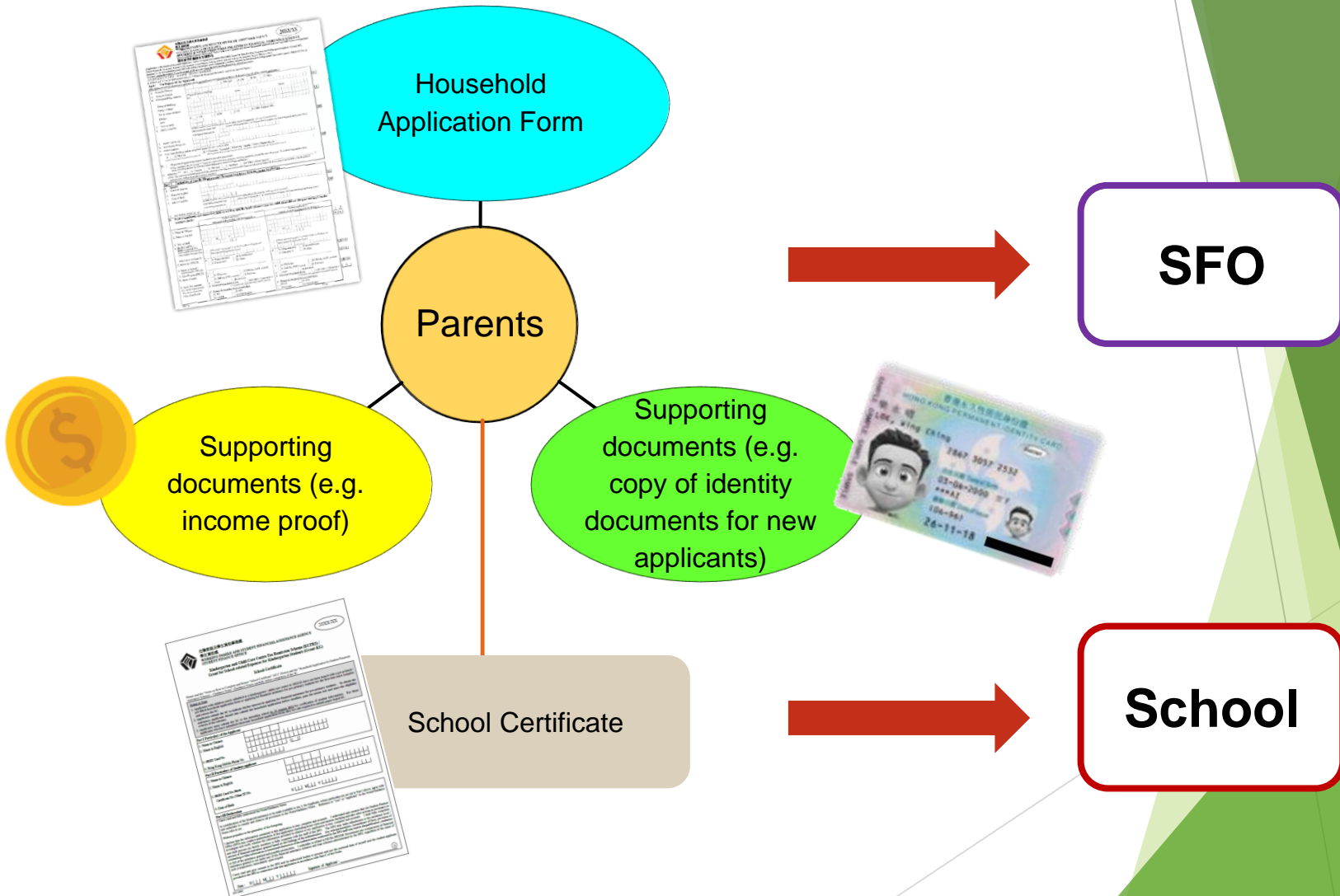
	Eligible KG Students
Full grant	\$4,460
3/4 grant	\$3,345
1/2 grant	\$2,230



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



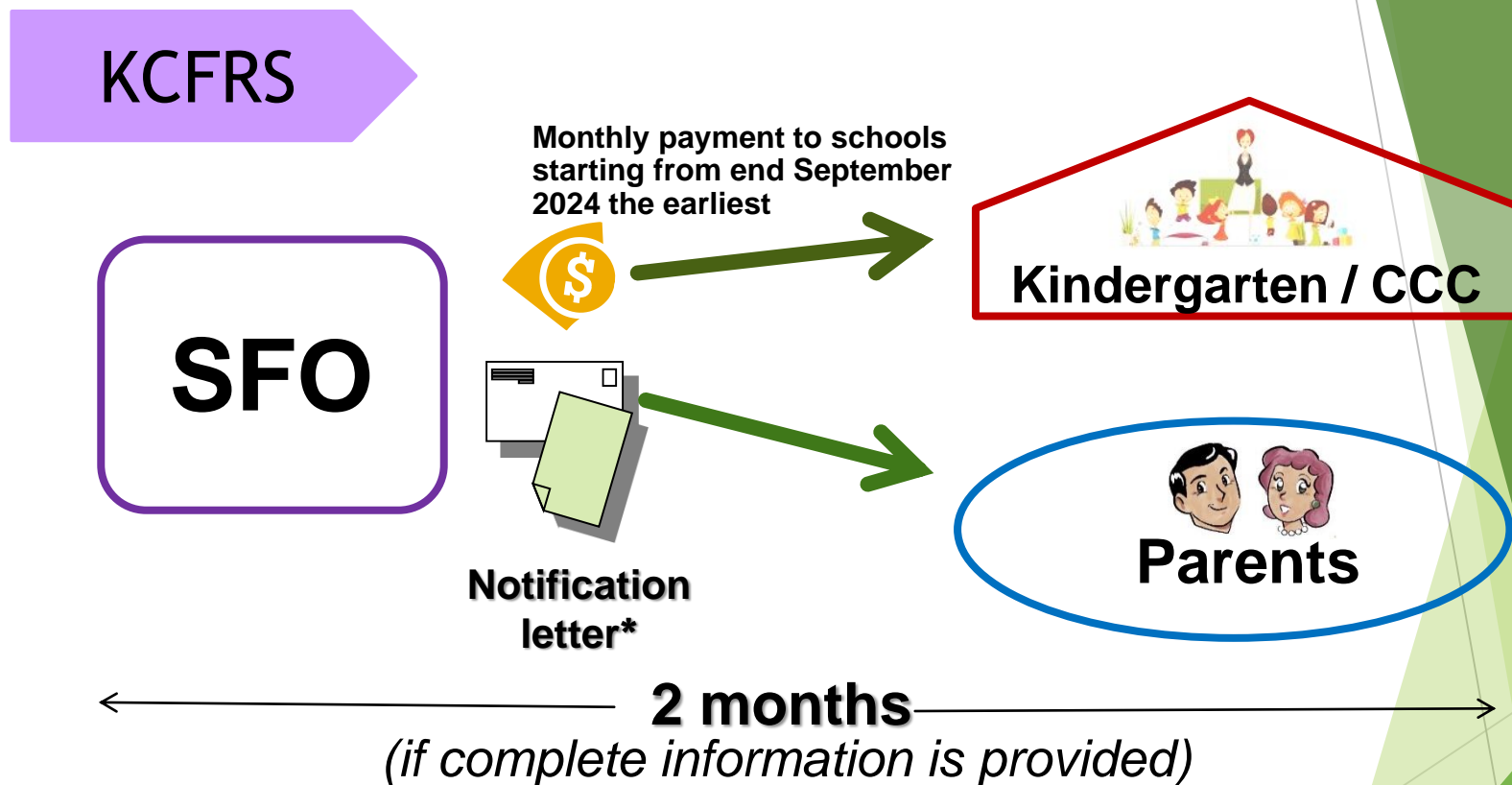


Application Timetable

- **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 2024**. 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 2024) together with the supporting documents to SFO **on or before 30 June 2024** 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 2024**.
- 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 2024.



Notification and Payment for KCFRS



(* Continuing applicants - Normally from August 2024 or within two months from receipt of application if complete information is provided, whichever is later)

New applicants - Normally from September 2024 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

Autopay



Bank account of
successful applicants



How to Complete Household Application Form



(E-form)

Part I Particulars of the Applicant **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 Bank Account for Payment of Assistance Part VII Applicant's Supplementary Information Part VIII Declaration

A. Spouse Applicant-applicant 1 / Unmarried child residing with the family 1 C. Subsidy for Internet Access Charges (SIA)

D. Dependent Parent

Part II Particulars of Family Members and Financial Assistance Schemes being Applied for

A. Spouse

1. Name in Chinese

2. Name in English *

3. Year of Birth*

4. HKID Card No. *

(If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof.)

Other Identity Document Type*

(Please refer to paragraph 2.1 of "Notes on How to Complete and Return Electronic Household Application Form")

Other Identity Document No.*

5. HK Mobile Phone No.@

Previous Page Next Page

(Paper-based form)

Part II Particulars of Family Members and Financial Assistance Schemes being Applied for

A. Spouse

1. Name in Chinese

2. Name in English

3. Year of Birth

4. HKID Card No.

(If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof.)

Other Identity Document Type: _____ *(Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")*

Other Identity Document No.: _____

5. HK Mobile Phone No. @

Part II :
Particulars of Family Members
(A) Spouse (if applicable)

How to Complete Household Application Form



(E-form)

Part I Particulars of the Applicant **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 Bank Account for Payment of Assistance Part VII Applicant's Supplementary Information Part VIII Declaration

A. Spouse B. Student-applicant 1 / Unmarried child residing with the family 1 C. Subsidy for Internet Access Charges (SIA)

D. Dependent Parent

D. Dependent Parent

(If Applicant or his/her spouse have no dependent parent, please do not fill out the spaces below.)

(i) Is/Are the dependent parent(s) currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under employment during the assessment period?#

Yes (Need not complete Part 'D')

No (Continue to complete Part 'D')

Dependent Parent 1

Name in Chinese

Name in English

HKID Card No.*

OR Other Identity Document Type* (Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")

Other Identity Document No.*

Year of Birth

Dependency Status (at least 6 months during 1.4.2023 to 31.3.2024)

Please select one of the following dependency status

Resided with the applicant's family

Resided in premises owned or rented by the applicant or his/her spouse

Resided in an elderly home and the expenses were fully paid by the applicant or his/her spouse OR totally supported by the applicant or his/her spouse

(Paper-based form)

D. Dependent Parent (If you / your spouse have dependent parent(s), please fill out this section, otherwise do not fill out the spaces below.)

(i) Is/Are the dependent parent(s) currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under employment during the assessment period?

Yes (Need not complete Part 'D') No (Continue to complete Part 'D' and refer to Paragraph 2.3 of 'Notes on How to Complete and Return Household Application Form' on the definition of 'Dependency')

Name of Dependent Parent	HKID Card No. (Please provide copy) and Year of Birth	Dependency Status: (Please put "✓" in the appropriate box) at least 6 months during 1.4.2023 to 31.3.2024		
		Resided with the applicant's family	Resided in premises owned or rented by the applicant or his / her spouse	Resided in an elderly home and the expenses were fully paid by the applicant or his / her spouse OR totally supported by the applicant or his / her spouse
(1) Name in Chinese	HKID Card No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name in English	or			
	Other Identity Document Type: (Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Identity Document No.:			
	Year of Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	HKID Card No.			
English	or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Identity Document Type: (Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")			
	Other Identity Document No.:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Year of Birth			

Part II (D):

- Dependent Parent (parents of applicant or spouse)
- Dependency Status

How to Complete Household Application Form



(E-form)

Part I Particulars of the Applicant 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 Bank Account for Payment of Assistance Part VII Applicant's Supplementary Information Part VIII Declaration

Part 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 your family member(s) during the period from 1 April 2023 to 31 March 2024 (please refer to Paragraph 13.4(vi) of "Notes on How to Complete and Return Electronic Household Application Form" (Notes)). If you / your family member(s) was a housewife, was unemployed, has retired or was not working a whole year 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 Sample II of the "Notes" 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.

(For the income fields below with (\$) sign, such as salary, business profit, contribution, etc., please input the correct amount. If there is no relevant income, please input '0' in the field(s).)

1. Applicant
Mode of employment# Full-time Part-time

Position / Other* (e.g. housewife, unemployed, retired) (Please specify period if it is not a whole year)
EXAMPLE: UNEMPLOYED (1.4.2023 - 30.4.2023); CLERK (1.5.2023 - 31.12.2023); SELF EMPLOYED DRIVER (1.1.2024 - 29.2.2024)

Total Annual Income (\$) Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)
Salary (\$) *
Business profit (\$) *

2. Spouse
Mode of employment# Full-time Part-time

Position / Other (e.g. housewife, unemployed, retired) (Please specify period if it is not a whole year)
EXAMPLE: HOUSEWIFE (1.4.2023 - 30.9.2023); PART-TIME CASHIER (1.10.2023 - 31.03.2024)

Total Annual Income (\$) Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)
Salary (\$)
Business profit (\$)

**Part IV:
Breakdown of
Total Family
Income**

(Paper-based form)

Part 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 your family member(s) during the period from 1 April 2023 to 31 March 2024 (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, has retired or was not working a whole year 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.

Applicant and Family Member	Mode of employment	Position / Other (e.g. housewife, unemployed, retired) (Please specify the period if it is not a whole year)	Total Annual Income (\$)				For Office Use
			(including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee))				
① Applicant	# <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Salary (\$)				
② Spouse	# <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Salary (\$)				
③ Unmarried child residing with the family (if applicable) Name:	# <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Salary (\$)				
	# <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Business profit (\$)				
④ Unmarried child residing with the family (if applicable) Name:	# <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Salary (\$)				
	# <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Business profit (\$)				
⑤ Other income (if applicable)		Contribution from children not residing together, relatives or friends (\$)	Rent/ income of property, land, carpark, vehicle or vessel (\$)	Interests from investments, fixed deposit (\$)	Alimony (\$)		
		Pension (excluding lump sum retirement gratuity) (\$)	Widow's & Children's Compensation (\$)	Others (\$)			
Total =							

How to Complete Household Application Form



(E-form)

(Paper-based form)

HOUSEHOLD APPLICATION FORM FOR STUDENT FINANCIAL ASSISTANCE SCHEMES

[Video on e-Submission](#)
Click [HERE](#) to watch the videos introducing how to complete and submit the electronic application form online.

(Please read the [Guidance Notes](#) and "[Notes on How to Complete and Return Electronic Household Application Form](#)" carefully before completion.)
[Applicable to the Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS), Grant for School-related Expenses for Kindergarten Students (Grant-KG), School Textbook Assistance Scheme (TA), Student Travel Subsidy Scheme (STS), Subsidy Scheme for Internet Access Charges (SIA), Diploma of Applied Education Fee Reimbursement (DAEFR) / Diploma Yi Jin Fee Reimbursement (DYJFR) and Fee Reimbursement (Financial Assistance Scheme for Designated Evening Adult Education Courses) (FR(FAEAEC))]

(* Please select the appropriate item.* are mandatory items and @ are optional items.)

Application Progress

50%

Save Application Upload Saved Form

Part I Particulars of the Applicant 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 Bank Account for Payment of Assistance Part VII Applicant's Supplementary Information Part VIII Declaration

Part VI Applicant's Bank Account for Payment of Assistance
(The account must be under the applicant's name and please provide copy of the bank statement / first page of bank book)

Please enter the bank account number correctly. The account holder's name in English must be the same as that printed on the bank statement or passbook.

Account holder's name in English *

Applicant's bank account no. *

Bank Code* Bank Account Number*

(e.g. Standard Chartered Bank 003; HSBC 004; Hang Seng Bank 024)

Bank name

Previous Page Next Page

Part VI Applicant's Bank Account for Payment of Assistance

(The account must be under the applicant's name and please provide copy of the bank statement / first page of bank book)

Account holder's name in English: _____

Applicant's bank account no.: _____

Bank Code Bank Account Number
(e.g. Standard Chartered Bank 003; HSBC 004; Hang Seng Bank 024)

Bank name: _____

Part VI:

Since the subsidies under Grant-KG 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 –

- Student Finance Office
- Kindergartens and Child Care Centres
- Home Affairs Enquiry Centres of District Offices
- 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 <https://www.wfsfaa.gov.hk/sfo>.





Useful Videos

- ▶ Applicants can watch the videos produced by SFO (https://www.wfsfaa.gov.hk/en/household_youtube.htm) 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: <https://www.wfsfaa.gov.hk/>





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





धन्यवाद

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ਤੁਹਾਡਾ ਧੰਨਵਾਦ

Thank you

ਧੰਨਵਾਦ

Terima kasih

Cảm ơn bạn

آپ کا شکریہ

Salamat