

DELIA MEMORIAL SCHOOL (BROADWAY)
School Fee Remission Scheme 2024– 2025
Application Form

Name of Student: _____
Class: _____()

Part 1 Particulars of the Applicant (Parent / Guardian)

Name in English _____ HKID card No. _____
Tel. No. _____ Home: _____ Mobile: _____

Part 2 Particulars of Family Members

A. Spouse

Name in English _____

HKID card No. _____

B. Unmarried children residing with the family

1	Name in English		HKID card No.	
	Name of school attending		Name of company in employment	
2	Name in English		HKID card No.	
	Name of school attending		Name of company in employment	
3	Name in English		HKID card No.	
	Name of school attending		Name of company in employment	
4	Name in English		HKID card No.	
	Name of school attending		Name of company in employment	

C. Dependent parent

1. Name in English _____ HKID card No. _____

2. Name in English _____ HKID card No. _____

Part 3 Family Income (1 April 2022 – 31 March 2023)

Applicant (parent/guardian) and Family Member	Position	Occupation	Office Tel. No.	Total Annual Income(\$)
Applicant				
Spouse				
Unmarried child residing with the family Name :				
Unmarried child residing with the family Name :				

Part 4 Declaration

The information in this application and the supporting documents provided by me are true, complete and accurate.

Date : _____ Signature of Applicant (parent/guardian) :

**** FOR OFFICE USE ONLY ****

由辦事處填寫

Remarks / Recommendations 備註/建議：

Percentage of remission suggested by principal	
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Signature : _____ Date : _____ 簽署 日期
Name in Block Letters () 姓名(正楷填寫)

**** FOR COMMITTEE USE ONLY ****

由委員會填寫

Remarks / Recommendations 備註/建議：

Approved/Disapproved by : _____ Witness : _____
批准/拒准簽署 見證人簽署
Name in Block Letters () Name in Block Letters () 姓名(正楷填寫) 姓名(正楷填寫)
Date : _____ Date : _____ 日期 日期