

DELIA MEMORIAL SCHOOL (BROADWAY)
School Fee Remission Scheme 2025– 2026
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 _____
2. Name in English _____

Part 3 Family Income (1 April 2024 – 31 March 2025)

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 : _____

簽署

Name in Block Letters ()

姓名(正楷填寫)

Date : _____

日期

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

由委員會填寫

Remarks / Recommendations 備註/建議：

Approved/Disapproved by : _____

批准/拒准簽署

Name in Block Letters ()

姓名(正楷填寫)

Date : _____

日期

Witness : _____

見證人簽署

Name in Block Letters ()

姓名(正楷填寫)

Date : _____

日期