DELIA MEMORIAL SCHOOL (BROADWAY)

School Fee Remission Scheme 2026– 2027

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 2025 – 31 March 2026)

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	

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 : _____
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