

St. Margaret's Co-educational English Secondary and Primary School

Fee Remission Application Form (2026-2027)

Use Block Letters

Part I Particulars of Applicant

1. Name of Applicant: _____	Applicants should have submitted the application for assessment of eligibility to the SFO, and return a document stating your eligibility. Otherwise, we will not be able to process your application.
2. HKID Card No.: _____ ()	
3. Address : _____	
4. Home Telephone no. : _____ 5. Day time Contact no : _____	
6. Relation with student : Father/Mother/Others*** (Please fill in Part IV if you are not the student's parent)	

Part II Particulars of other Family Members (Based on the information in 6/2026)

A. Spouse		
Name of spouse _____		
HKID Card No. _____ ()		
If your spouse has deceased / you have divorced / separated from your spouse, please specify and fill in the date. _____		
B. Unmarried children residing with the family		
1. Name _____	HKID Card No. _____ ()	
Date of Birth _____ (dd/mm/yyyy)		
Present status**:		
☐ Under education, level _____ School _____	☐ Employed, Name of company _____	☐ Unemployed/other _____
2. Name _____		
HKID Card No. _____ ()		
Date of Birth _____ (dd/mm/yyyy)		
Present status**:		
☐ Under education, level _____ School _____	☐ Employed, Name of company _____	☐ Unemployed/other _____
3. Name _____		
HKID Card No. _____ ()		
Date of Birth _____ (dd/mm/yyyy)		
Present status**:		
☐ Under education, level _____ School _____	☐ Employed, Name of company _____	☐ Unemployed/other _____
4. Name _____		
HKID Card No. _____ ()		
Date of Birth _____ (dd/mm/yyyy)		
Present status**:		
☐ Under education, level _____ School _____	☐ Employed, Name of company _____	☐ Unemployed/other _____
(** Please circle the appropriate box)		

C Dependent parent (student's grandparents)	
1. Name : _____ ID : _____ (____) Residing with applicant—Yes/No	3. Name : _____ ID : _____ (____) Residing with applicant—Yes/No
2. Name : _____ ID : _____ (____) Residing with applicant—Yes/No	4. Name : _____ ID : _____ (____) Residing with applicant—Yes/No

Part III Family Income – Please provide information on your position /occupation and relevant income and those of your family members during the period from 1/4/2025-31/3/2026. If you/ your family member(s) was a housewife, unemployed or has retired during the period, please specify the status and relevant duration.

Applicant and family member	Position/ Period	Salary/Wage/Bonus/Allowance/ Part-time income(excluding MPF/Provident Fund contribution	Business profit	Total Annual Income
Applicant				
Spouse				
Unmarried child residing with family, Name : _____				
Unmarried child residing with family, Name : _____				
Others (e.g. contribution from relatives/ friends, rental income, interest from investments, fixed deposit, alimony/ Pension)		-----	-----	
Total				

Part IV Special Family Information

1.	If you have filled in Part II particulars of any members who is not a self-bearing child of yours, please specify his / her name and state the reasons for declaring him / her as a family member. _____ _____
2.	If your family is receiving/has received CSSA any time during the period from 1 April 2025 to the time of submission of application, please specify the relevant duration, names of the family members in receipt of CSSA and quote the CSSA reference number. _____ _____
3.	If you have special financial hardship / medical expense of family member who are chronically ill or permanently incapable, please give details and supporting documents. _____ _____

Part V Declaration

1. The information in this application and the supporting documents provided by me are true and complete and accurate. Any misrepresentation and concealment of facts will lead to disqualification and restitution in full of the assistance granted. 2. I understand that St. Margaret's Co-ed English Sec. & Pri. School Grant Committee (SMCEGC) will assess the eligibility level of my family based on the information provided by me. 3. I give consent to the SMCEGC to process my application and to liaise with related parties to verify and disclose the information provided by me. 4. I am authorized by the family members listed in this application to give consent to the SMCEGC to process my application and to liaise with related parties to verify and disclose the information provided to SMCEGC.
Date : _____ Signature of Applicant : _____

