FOR OFFICE USE
Application No.
☐☐☐☐☐☐–☐☐–☐☐☐☐
Received on:

ESTABLISHED 1860

Diocesan Girls' School
Student Financial Assistance Scheme
(2026–2027)
Application Form

Please complete all the boxes of this application in BLOCK LETTERS using a black or dark blue ball pen.

PART A APPLICATION OF SCHEME(S)

- Please select the scheme(s) that you would like to apply.
- Please tick '✓' the appropriate box(es).

Student in the academic year 2026–2027	Fee Remission Scheme
Secondary 1	
Secondary 2	
Secondary 3	
Secondary 4	
Secondary 5	
Secondary 6	

PART B STUDENT'S PARTICULARS

1. Name of Student in Chinese ☐☐☐☐
2. Chinese Character Code ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
3. Name of Student in English ☐☐☐☐☐☐

PART C APPLICANT'S PARTICULARS

1. Name in Chinese
2. Chinese Character Code
3. Name in English
4. Relationship with Student (‘**1**’ Parent ‘**2**’ Legal guardian – *Please explain:*_____)
5. Hong Kong Identity Card No. ( )
6. Date of Birth Year Month Day
7. Sex (‘**1**’ Male ‘**2**’ Female)
8. Marital Status (‘**1**’ Married ‘**2**’ Single / Separated / Divorced / Widowed)
9. Residential Phone No.
10. Mobile Phone No.
11. Office / Other Contact No. Ext.
12. Email Address (If any)
13. Residential Address
    - Flat/Room
    - Floor
    - Block
    - Name of Building
    - Estate/Village
    - No. and Name of Street
    - District
    - District Code*
    - Region (‘**1**’ Hong Kong ‘**2**’ Kowloon ‘**3**’ New Territories)

***District Code**			
01.	Central and Western District	10.	Tsuen Wan District
02.	Wan Chai District	11.	Tuen Mun District
03.	Eastern District	12.	Yuen Long District
04.	Southern District	13.	North District
05.	Yau Tsim Mong District	14.	Tai Po District
06.	Sham Shui Po District	15.	Sai Kung District
07.	Kowloon City District	16.	Sha Tin District
08.	Wong Tai Sin District	17.	Kwai Tsing District
09.	Kwun Tong District	18.	Islands District

PART D PARTICULARS OF FAMILY MEMBERS

	a	b	c	d	e	f	g
Item No.	Name (*As shown on the Hong Kong Identity Card*)	Relationship with Applicant	Age	H.K.I.D. Card No. / Birth Registration Certificate No.	Occupation	Name of Employer / School	No. of Family Members
I.	**Applicant and Applicant's Spouse**						
1.		Applicant					(Part I Total) ☐ ***A***
2.		Spouse					
II.	**Unmarried Children Residing with the Family**						
3.		Student Applicant					(Part II Total) ☐ ***B***
4.							
5.							
6.							
III.	**Dependent Parents Residing with the Family**						
7.							(Part III Total) ☐ ***C***
8.							
						Total No. of Family Members: ***A*** + ***B*** + ***C*** =	☐ ***D***
						FOR OFFICE USE	+1

PART E FAMILY INCOME

	a	b	c	d	e	f	g	h
Item No.	Name (*As shown on the Hong Kong Identity Card*)	**Actual Income during the Financial Year 1 April 2025 – 31 March 2026**						
		(I) Gross Income from Employment	(II) Profits from Business or Income from Self-employment	(III) Contributions from Family Members or Relatives	(IV) Profits from Investments / Interest Earned	(V) Rental Income	(VI) Other Income *(Please specify)*	Total
I.	**Applicant and Applicant's Spouse**							
1.								$. ***E***
2.								$. ***F***
							Part I Total Annual Income: *E* + *F* =	$. ***G***
II.	**Unmarried Children Residing with the Family**							
3.								$. ***H***
4.								$. ***I***
5.								$. ***J***
6.								$. ***K***
							Part II Total Annual Income: *H* + *I* + *J* + *K* =	$. ***L***

PART F MEDICAL EXPENSES INCURRED BY FAMILY MEMBER(S) WITH CHRONIC ILLNESS

(Applicant must provide relevant medical certificate(s) and receipt(s) issued by the hospitals / clinics / registered practitioners.)

Item No.	Name (*As shown on the Hong Kong Identity Card)*	Relationship with Applicant (Applicant / Spouse / Unmarried Children Residing with the Family / Dependent Parents Residing with the Family)	H.K.I.D. Card No. / Birth Registration Certificate No.	Nature of Incapacity or Chronic Illness	**Medical Expenses Incurred during the Period 1 April 2025 – 31 March 2026**
1.					$. ***M***
2.					$. ***N***
3.					$. ***O***
				Total Medical Expenses: *M* + *N* + *O* =	$. ***P***

PART G ADDITIONAL INFORMATION BY APPLICANT

Please write down any additional information that assists the vetting process of the application.

Use a separate sheet if necessary.

Part G – Continue

PART H DECLARATION

Please complete either the English version or Chinese version of the following Declaration.

I, _____ (Name of Applicant), have read and fully understood the Guidance Notes of Diocesan Girls' School Student Financial Assistance Scheme (2026–2027) (the Scheme). I hereby make the following declaration:

(1) The information in the application form, supporting documents and other documents provided by me is complete and true to the best of my knowledge. I am aware that Diocesan Girls' School (the School) will rely on the information provided by me to determine my eligibility for financial assistance and to assess the level of financial assistance to be offered under the Scheme. I understand that the School may conduct investigations into my application, including home visits. I also understand that any omission / misrepresentation of information with a view to obtaining pecuniary advantage by deception is an offence and is liable to legal proceedings. Furthermore, a record of such event will be included in the student's personal file for any use or reference.

(2) I give the consent and confirm that I have obtained consent from my family members to authorize the School to handle the personal data / information provided in this application in accordance with Section 6 in Part I of the Guidance Notes and I will undertake to inform my family members of such an arrangement. I also give consent to the School to contact various authorities concerned, release my and my family members' personal data to them for the purpose of processing my application or verifying the information provided in this application.

(3) I understand that the School has the right to review my application and adjust my entitlements of receiving financial assistance from the Scheme if necessary. I undertake to refund to the School any over-payment of financial assistance to me upon demand.

(4) I agree to let the School check and counter-check this application. I also agree to provide further information on the application upon the School's request. It will lead to disqualification and restitution in full of the financial assistance granted if I refuse to co-operate.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Ordinance (Chapter 11 of the Laws of Hong Kong).

Signature of Applicant: _____ Date: _____

DECLARED at _____

(address where declaration is made) in Hong Kong this _____day of _____ 202____.

_____(signature of applicant)

Before me,

_____

(signature and designation, i.e., Justice of the Peace / Notary Public / Commissioner for Oaths)



Diocesan Girls' School

Student Financial Assistance Scheme

(2026–2027)

Other Documents

1. Cover Sheet for Letter of Consent for Income Verification (SFASA002)
2. Letter of Consent for Income Verification (SFASA003)
3. Cover Sheet for Supporting Documents (SFASA004)
4. Copies of Hong Kong Identity (H.K.I.D.) Cards (SFASA005)
5. Income Certificate (SFASA006)
6. Income Statement (Form A) (SFASA007)
7. Income Statement (Form B) (SFASA008)
8. Income Statement (Form C) (SFASA009)

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(2026–2027)

COVER SHEET FOR LETTER OF CONSENT FOR INCOME VERIFICATION

The "Letter of Consent for Income Verification" (SFASA003) should be completed and signed by

- the applicant
- the applicant's spouse
- the unmarried children residing with the family

whose income is indicated in Column (I) 'Gross Income from Employment' of Part E 'Family Income' in the "Application Form" (SFASA001).

To be completed by the applicant:

"Letter of Consent for Income Verification" (SFASA003)	
Completed and signed by	Number of letters
Applicant	
Applicant's Spouse	
Unmarried Children Residing with the Family	
Total	

I, _____ (Name of Applicant),
the parent / legal guardian* of _____ (Name of Student),
have submitted the above documents with the application form.

Signature of Applicant: _____

Date: _____

** Please delete where appropriate.*

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PRIVATE & CONFIDENTIAL

- Signature is required against amendment.

Employee's Information *(During the period 1 April 2025 – 31 March 2026)*

Name (Mr. / Ms.)* : _____ (*As shown in the H.K.I.D. Card)*

H.K.I.D. Card No. : _____

Job Position : _____

Department : _____

Company Name : _____

Company Address : _____

Phone No. : _____ Fax No.: _____

Period of Employment : From: _____ to: _____

Employer's Information

Contact Person (Mr. / Ms.)* : _____

Job Position : _____

Department : _____

Company Name : _____

Company Address : _____

Phone No. : _____ Fax No.: _____

Date : _____ ***FOR OFFICE USE***

** Please delete where appropriate.*

Dear Sir / Madam,

Re: Letter of Consent for Income Verification

In connection with the application for the Student Financial Assistance Scheme (2026-2027)** with Diocesan Girls' School for a family member of mine, I have given consent to the School to obtain information and conduct necessary verification regarding my income during the period 1 April 2025 to 31 March 2026. I hereby confirm my agreement and authorization for the release of such information as required.

Thank you for your assistance.

Yours faithfully,

Signature : _____

Name : _____ (*As shown in the H.K.I.D. Card)*

Date : _____

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Diocesan Girls' School
Student Financial Assistance Scheme
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COVER SHEET FOR SUPPORTING DOCUMENTS

1. Please tick '✓' the appropriate boxes and complete the following table.
2. Please sign in the space provided.
3. Please put ALL the supporting documents under this sheet and staple them, including this sheet.

To be completed by the applicant:

Checklist of Supporting Documents to be Submitted with the Application	
Original / Copy	**Photocopies of documentary evidence of 'Annual Family Income' for the period 1 April 2025 to 31 March 2026:**
	A. Gross income from employment
☐	(1) Inland Revenue Department – Employer's Return of Remuneration and Pension (I.R. 56B); or
☐	(2) "Income Certificate" (SFASA006); or
☐	(3) Salary advice / pay slip; or
☐	(4) Bank transaction records showing payment of salaries; or
☐	(5) Notice of Assessment and Demand for Salaries Tax issued by the Inland Revenue Department (IRC 6401).
	B. Profits from business
☐	(6) "Income Statement (Form A)" (SFASA007); or
☐	(7) Relevant profits tax assessments issued by the Inland Revenue Department.
	C. Income from self employment
☐	(8) "Income Statement (Form B)" (SFASA008); or
☐	(9) "Income Statement (Form C)" (SFASA009).
	D. Profits from investments / Interest earned from bank deposits, stocks & shares, etc.
☐	(10) Dividend advice; or
☐	(11) Interest advice; or
☐	(12) Bank deposits advice / statements / pass book.
	E. Rental income
☐	(13) Tenancy agreement(s); or
☐	(14) Rental receipt records; or
☐	(15) Property tax assessment notices.
	F. Other income: Wages in lieu of notice of dismissal
☐	(16) Termination letter
	G. Other income: Alimony / living expenses from ex-spouse / monthly pension / widow's & children compensation / gratuity, etc.
☐	(17) Relevant document(s)
Original / Copy	**(For a single-parent family) Photocopies of proof of single-parent family status:**
☐	(18) E.g. Supporting documents for divorce / separation, death certificate of spouse, etc.
Original / Copy	**(If applicable) Photocopies of proof of unavoidable medical expenses (for family members who are chronically ill or permanently incapacitated) for the period 1 April 2025 to 31 March 2026:**
☐	(19) Relevant medical certificate(s) and receipt(s) issued by the hospitals / clinics / registered practitioners
	Others:
☐	(20) (Please specify:)

I, _____ (Name of Applicant),

the parent / legal guardian* of _____ (Name of Student),

have submitted the above documents with the application form.

Signature of Applicant: _____

Date: _____

* Please delete where appropriate.

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COPIES OF HONG KONG IDENTITY (H.K.I.D.) CARDS

- Please affix the H.K.I.D. Card copies of the applicant, the applicant's spouse, the student applicant and other family members listed in Part D of the "Application Form" (SFASA001) in the appropriate space below and overleaf.
- If the H.K.I.D. Card is not available, please attach copies of other valid identity documents, e.g. Hong Kong Birth Certificate, Hong Kong Re-entry Permit, Document of Identity for Visa Purposes, One-way Permit, etc.

Copy of the H.K.I.D. Card of the applicant	Copy of H.K.I.D. Card of the applicant's spouse
Copy of the H.K.I.D. Card of the student applicant	Copy of the H.K.I.D. Card of the family member
Copy of the H.K.I.D. Card of the family member	Copy of the H.K.I.D. Card of the family member

Copy of the H.K.I.D. Card of the family member	Copy of the H.K.I.D. Card of the family member
Copy of the H.K.I.D. Card of the family member	Copy of the H.K.I.D. Card of the family member
Copy of the H.K.I.D. Card of the family member	Copy of the H.K.I.D. Card of the family member

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INCOME CERTIFICATE

(For people who are salary employed but cannot produce any income proof)

- For people who are salary employed but cannot produce salary statements, taxation documents, or bank statements showing payment of salaries or other income proofs.
- This certificate is to be completed by the Employer.
- Employer's signature is required against amendment.

This is to certify that _____

(Hong Kong Identity Card No.) _____

is employed in this company. The total salary and allowance and other income (excluding contributions to provident fund, e.g. MPF) during the period from 1 April 2025 to 31 March 2026 is HK$ _____.

Please specify the exact employment period if it was less than 12 months:
(from _____ to _____)

Company Name : _____

_____

Company Chop : _____

Name (Mr. / Ms.)* : _____

Job Position : _____

Department : _____

Contact Tel. No. : _____

Signature : _____

Date : _____

** Please delete where appropriate.*

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INCOME STATEMENT (FORM A)

(For Sole proprietor or Partner of partnership business)

- Sole proprietor or Partner of partnership business should also attach the Profit & Loss Account of the business.
- Signature is required against amendment.

Information on the 'Family Member' # who is a Sole proprietor or Partner of partnership business:

Business owned by* : Applicant / Spouse / Unmarried Children Residing with the Family

Name : *(As shown in the H.K.I.D. Card)*

H.K.I.D. Card No. :

Please "✓"	Job nature	Name of company / Occupation
	Sole proprietor	
	Partner of partnership business • *Please specify the share ratio:* _____ %	

Total income of the above business during the period 1 April 2025 – 31 March 2026: **HK$** *A*

Please explain the income in Box *A* in detail:

I declare that the above information is true and complete.

Signature of Applicant: _____

Name of Applicant: _____

Date: _____

'Family Member' refers to the applicant, the applicant's spouse, the unmarried children and the dependent parents residing with the family.

* *Please delete where appropriate.*

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INCOME STATEMENT (FORM B)

(For Self-employed person, e.g.: Hawker, Construction worker, Renovator, Casual worker, Cleaner, etc.)

- Signature is required against amendment.

Information on the 'Family Member' #:

Relationship with applicant* : Applicant / Spouse / Unmarried Children Residing with the Family

Name : _____ *(As shown in the H.K.I.D. Card)*

H.K.I.D. Card No. : _____

Nature of work : _____

(For daily-paid worker, please fill in the following two items.)

Average working days per month : _____ days

Average daily income : HK$ _____

Monthly Income

Year 2025					
April	:	HK$	September	:	HK$
May	:	HK$	October	:	HK$
June	:	HK$	November	:	HK$
July	:	HK$	December	:	HK$
August	:	HK$			
Year 2026					
January	:	HK$	March	:	HK$
February	:	HK$			
Total Income	:	HK$			

Payment method*: By cash / By cheque / By direct credit

(More than one item may be selected. If the salary was paid by cheque or by direct credit, please provide a copy of the bankbook as supporting documents.)

Reason for not being able to provide income proof: (Please tick '✓' the appropriate box.)

- ☐ I have no fixed employer.
- ☐ The company I worked for has wounded up and I cannot obtain documentary proof from the ex-employer.
- ☐ Others, please specify: _____

I declare that the above information is true and complete.

Signature of Applicant: _____

Name of Applicant: _____

Date: _____

'Family Member' refers to the applicant, the applicant's spouse, the unmarried children and the dependent parents residing with the family.

* *Please delete where appropriate.*

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INCOME STATEMENT (FORM C)

(For Self-employed person, e.g.: Taxi driver, Lorry driver, Minibus driver, etc.)

- Signature is required against amendment.

Information on the 'Family Member' #:

Relationship with applicant* : Applicant / Spouse / Unmarried Children Residing with the Family

Name : *(As shown in the H.K.I.D. Card)*

H.K.I.D. Card No. :

Occupation* : Taxi driver / Lorry driver / Minibus driver / Others:

License Number :

Car Ownership* : Car owner / Car rental

Table of Income and Expenditure *(From 1 April 2025 to 31 March 2026)*

Income	1.	Rent (applicable to car owner)	:	HK$
	2.	Profit from operating business	:	HK$
	3.	Others (please specify)	:	HK$
		Total Income (A)	:	HK$

Expenditure (excluding vehicle mortgages)	1.	Car rental fee	:	HK$
	2.	Fuel charges	:	HK$
	3.	Insurance premium	:	HK$
	4.	Maintenance fee	:	HK$
	5.	License fees	:	HK$
	6.	Others (please specify)	:	HK$
		Total Expenditure (B)	:	HK$

Net profit = Total Income (A) – Total Expenditure (B) = HK$

Remark:

I declare that the above information is true and complete.

Signature of Applicant:

Name of Applicant:

Date:

'Family Member' refers to the applicant, the applicant's spouse, the unmarried children and the dependent parents residing with the family.

** Please delete where appropriate.*