MU KUANG ENGLISH SCHOOL

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2025-2026年度學費減免計劃申請表 **Application Form for 2025-2026 Tuition Fee Remission**

第一部份	Part 1
學生資料	Particulars of Studen

学工具件 Tarticulars of Student		2025年10月51日
英文姓名 English Name	中文姓名 Chinese Name	
班別(2025/26) Class(2025/26)	學生編號 Student No.	
出生日期 Date of Birth	聯絡電話 Phone Number	
住址 Residential Address		
第二部份 Part 2 申請人資料 (請附上身份證副本) Particulars of applicant (Please attach a copy of H	long Kong ident	ity card)
英文姓名 English Name		姓名 nese Name
與申請學生關係 Relationship with Student		P電話 ne Number
住址 Residential Address		
第三部份 Part 3 社會資助 Social Assistance		
申請人及家庭如正接受或正在申請以下資助,請在方格上 If the applicant or his/her family is receiving financial assistan		opropriate box:
綜合社會保障援助 (綜援) Comprehensive Social Security Assistance Scheme (CS	SSA)	
2025/26 年度學生資助計劃津貼 (學資處) Financial Assistance Schemes for Primary & Secondary	y Students for 2025/2	26 from SFO
如「有」,請填第7至8部份(不用填第4至6部份)	;如「沒有」,請約	繼續填第4至8部份。

If yes, please complete Part 7 to 8(skip Part 4 to 6); If no, please continue to complete Parts 4 to 8.

第四部份 Part 4

家庭成員資料 Particulars of Family Members

A	配偶 Spouse					
	已婚 離婚 Divorced	分居 □ Separ		喪偶 Vidowed	未婚 Single	
		如申請人離婚/分居/喪偶/未婚,則不用填寫以下配偶資料。 f the applicant is Divorced/Separated/Widowed/Single, leave Spouse blank.				
	英文姓名 English Name 聯絡電話 Phone Number	中文姓名 Chinese Name				
В	同住未婚子女 Unmarried children r	residing with the	family			
	2025-2026 學年的狀況 Status for the period in 2025-2026		就業 In employment	失業 Unemployed	其他 Others	
1	姓名 Name 出生日期 Date of Birth					
2	姓名 Name 出生日期 Date of Birth					
3	姓名 Name 出生日期 Date of Birth					
4	姓名 Name 出生日期 Date of Birth					
5	姓名 Name 出生日期 Date of Birth					
6	姓名 Name 出生日期 Date of Birth					

C	受供養父母	Depend	dent Parent(s)
1	姓名 Name _		出生日期 Date of Birth
	供養狀況 Status		與申請人家庭同住 Residing with the applicant's family
			居於申請人 /其配偶自置或租用的物業 Resided in premises owned or rented by the applicant or his / her spouse
			居於安老院並由申請人/其配偶支付有關費用或由申請人/其配偶提供全部生活費用 Resided in an elderly home and the expenses were fully paid by the applicant or his / her spouse OR totally supported by the applicant or his / her spouse.
2	姓名 Name		出生日期 Date of Birth
	供養狀況 Status		與申請人家庭同住 Residing with the applicant's family
			居於申請人 /其配偶自置或租用的物業 Resided in premises owned or rented by the applicant or his / her spouse
			居於安老院並由申請人/其配偶支付有關費用或由申請人/其配偶提供全部生活費用 Resided in an elderly home and the expenses were fully paid by the applicant or his / her spouse OR totally supported by the applicant or his / her spouse.
•	部份 Part 5 收入 Family	Incom	e
請填	真報你及你的家庭	庭成員於	2024 年 4 月 1 日至 2025 年 3 月 31 日期間的有關收入。

Please provide information on your relevant income and that of your family member(s) during the period from 1 April 2024 to 31 March 2025.

31 March 2025.				
申請人及家庭成員	行業及職位	工作機構	全年總收入 (HK\$)	
Applicant and Family	Occupation and	Name of Institution	Total Annual Income (HK\$)	
Member	Position			
1. 申請人 Applicant				
2. 配偶 Spouse				
3. 同住未婚子女				
姓名:				
Unmarried child residing with				
the family				
Name:				
		Total sum of $(1) + (2) + (3) =$	HK\$	

第六部份 Part6

其他有關家庭狀況的特別資料 Other Special Family Information

如目	申請人有特殊經濟困難/須負擔患有痼疾或永少	文喪失工作能力的家庭成員的醫療開支,請詳述情況。	
$If the applicant \ has \ any \ special \ financial \ hardship \ / \ has \ incurred \ medical \ expenses \ for \ family \ members \ who \ are \ chronically \ ill \ or \ and \ family \ members \ who \ are \ chronically \ ill \ or \ and \ family \ members \ who \ are \ chronically \ ill \ or \ and \ family \ members \ who \ are \ chronically \ ill \ or \ and \ family \ members \ who \ are \ chronically \ ill \ or \ and \ family \ members \ who \ are \ chronically \ ill \ or \ and \ family \ members \ who \ are \ chronically \ ill \ or \ and \ family \ members \ who \ are \ chronically \ ill \ or \ and \ family \ members \ who \ are \ chronically \ ill \ or \ and \ family \ members \ who \ are \ chronically \ ill \ or \ and \ family $			
peri	manently incapacitated, please state details of the	situation.	
_			
_			
_			
_			
第七	二部份 Part 7		
聲明	Declaration		
本人	人已閱讀學費減免計劃申請指引「申請指引」,	並完全明白及同意與申請資助有關的安排。本人特此承諾及保證本人	
遵征	從一切在申請指引內列出的要求及細則作出此時	申請,本人謹此聲明:	
I ha	ave read the "Guidance Notes on Application for	or Tuition Fee Remission" (GN) and fully understand and agree to the	
arra	ingements stated therein in relation to my applicat	ion. I undertake and warrant that I shall comply with all requirements and	
spec	cifications set out in the GN in making this applica	ation. I hereby declare that:	
1	此由善 妻和辫朋立 佐 内的答料,以及木人就在	上項申請提供的所有其他資料和作出的陳述,均屬真實、 完整和準確。	
1		orting documents and all other information and representation provided or	
	made by me in relation to my application are tru	e, complete and accurate.	
2	本人明白及同音募光英文書院(學校)根據本。	人提供的一切資料評估本人家庭的資助資格及幅度,本人亦同意學校	
_	在需要時向本人要求提供進一步資料。如有原	虚報、隱瞞事實或拒絕提供進一步資料,學校有權取消本人的申請資	
	格,並要求本人退還全部獲發的資助款項。		
		GLISH SCHOOL (SCHOOL) assess the eligibility of my family based on e SCHOOL may request additional supporting documents from us. Any	
		e to provide additional document upon request will lead to disqualification,	
	restitution in full or the assistance granted.		
3	本人同意學校向有關人士及機構查核及透露	大人左此由: 表为情 起的佃人 咨判 。	
3		中八江山中南农的英和加州四八東州。 thorized bodies to process my application and to liaise with related parties	
	to verify and disclose the information provided by		
4	本人所填報的資料,如有改變,定必立即通	n首业茁分事院。	
7		中部プラス 音がし。 DL if there are any changes in the information and supporting document(s)	
	provided in this application.		
	申請人簽署	日期	
	Signature of Applicant —	Date	

第八部份 Part 8

核對表 Checklist

注意:

申請人遞交的申請書必須為其親筆簽署的正本。申請人有責任詳實填妥申請書及提供所有證明文件副本。慕光英文書院將根據申請人就此申請所遞交的資料來評估資助資格及幅度,如提交的文件或資料欠詳盡或失實,申請將不獲進一步處理。

Attention:

The application form submitted must be original and duly signed. It is the responsibility of the applicant to complete the application form fully and truthfully and to provide all the supporting documents. MU KUANG ENGLISH SCHOOL will assess the eligibility for and the level of financial assistance to be granted based on the information provided by the applicant in this application. Insufficient information / misrepresentation of facts will render the application disqualified for further processing.

	f人須仔細檢查以下項目,並在已辦妥事項的方格內劃上「 ✓ 」號。	
Plea	se check the following items carefully. Put a "√" for the completed tasks.	
身份	分證明 Personal Identification	
1	申請人的香港身份證/其他有效的身份證明文件副本	
	Copies of the HKID Card / other valid identity documents of the applicant.	
社會	會資助證明文件 Social Assistance Certificates	
2	綜合社會保障援助 (綜援) 證明副本	
	Copies of the Comprehensive Social Security Assistance Scheme (CSSA) certificate.	
3	2025/26 年度學生資助計劃津貼 (學資處) 證明副本	
	Copies of the Financial Assistance Schemes for Primary & Secondary Students for 2025/26 from SFO certificate.	
以一	下適用於沒有接受社會資助的申請人:	
For	applicant who are not received for financial assistance:	
收	入證明文件 Income Certificates	
4	由稅務局發出的繳稅通知書/薪俸結算書/顯示支取薪酬、津貼等紀錄的銀行結算單 (連戶口持有人姓	
	名頁) (請用顏色筆註明薪金的項目)/由僱主填寫的收入證明書正本 (見「附表 1」)	
	Tax Demand Note issued by the Inland Revenue Department / Salary Statement / Bank transaction record showing	
	payment of salary (together with the page showing the name of bank account holder) (Please highlight the entries	
	with colour and remarks) / Income Certificate certified by the employer (See Annex 1)	
5	未能提供任何收入證明的受薪或自僱人士,請參照「附表 2」填寫「收入自述書」,詳細列明全年的每	
	月入息的計算方法及沒法提供收入證明文件的原因。	
	Salaried employed or self-employed person who cannot produce any income proofs. Please follow Annex 2 to	
	provide Self-prepared Income Breakdown detailing the monthly income throughout the year and explaining why	
	income proof cannot be produced.	

收入證明書 **INCOME CERTIFICATE**

(適用於未能提供糧單、薪俸稅單、領取薪金的銀行自動轉賬紀錄或其他收入證明的受薪人士)

(For salaried employed person who cannot provide

Salary Statement, Salaries Tax Demand Note, Bank Statement showing autopayment of salaries or other income proofs)

警告 / WARNING

申請人必須詳實填妥申請書。如有虛報或隱瞞事實,慕光英文書院可能會取消申請人的申請資格及/或要求申請人全數歸還已發放的資助款項,更 有可能因此被法律訴訟/檢控。申請人須注意,根據《盜竊罪條例》(香港法例第210章),任何人士以欺騙手段取得財產/金錢利益,即屬違法, 一經定罪,最高可被判監禁十年

This application must be completed FULLY and TRUTHFULLY. Any misrepresentation or concealment of facts may lead to disqualification of application and / or full recovery of financial assistance already granted by MU KUANG ENGLISH SCHOOL and possible prosecution. Applicants are reminded that it is an offence to obtain property / pecuniary advantage by deception. Any person who does so commits an offence and is liable, on conviction, to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

第一部

HKID No. of Applicant

受薪人士個人資料

Part I Particulars of the Salaried Employed Person	concerned
姓 名 / Name:	<u></u>
受薪人士與申請人的關係: # 申請人 / 申請人配偶 / 申請, The relationship between the salaried employed person and the a	人子女(# <i>請圈出適用的選項</i>) pplicant : # Applicant / Spouse / Child (# please circle the appropriate item)
第二部 入息資料 Part II Particulars of Income	
	收入證明書 ME CERTIFICATE
茲證明	。
	填寫上述時段內的實際受僱日期:年月日至
	金、花紅、雙糧、假期工資等其他收入(包括香港、內地及海外),
的全年總和為港幣元	* 。
	(HKID Card No) is employed by this company as
-	(including allowance, bonus, double pay, leave pay and other income
	during the period from 1.4.2024 to 31.3.2025 (please specify the exact f it was less than 12 months:
*HK\$	i it was less than 12 monthsto
僱主簽名	公司蓋章
Signature of Employer : ———————————————————————————————————	Company Chop :
僱主姓名 Name of Employer	聯絡電話
Name of Employer · · · · · · · · · · · · · · · · · · ·	Telephone No.
Company Address :	
日期	
Date :	
(注意:本證明書必須是 <u>正本</u> ,並備有公司蓋章及僱主聯絡 (Note: The <u>original copy</u> of this Certificate must bear the compa	
Employer's initial is required against any deletion / amer	
* 如此職員支取薪金並非港幣,請註明貨幣種類。	
* Please specify the currency if salary paid is not in Hong Kong	g dollars.
. Lorde I to de	Live Little
申請人姓名 Name of Applicant	申請人簽名 — Signature of Applicant : ———————————————————————————————————
申請人香港身份證號碼 .	日期 ·

Date

收入自述書 Self-prepared Income Breakdown

(適用於未能提供收入證明的小販、三行工人、裝修工人、地盤雜工、散工、清潔工人等。)

(For applicants who cannot provide income proofs such as hawker, construction worker, renovation worker, causal worker, cleaner.)

警告 / WARNING

申請人必須詳實填妥申請書。如有虛報或隱瞞事實,慕光英文書院可能會取消申請人的申請資格及/或要求申請人全數歸還已發放的資助款項,更 有可能因此被法律訴訟/檢控。申請人須注意,根據《盜竊罪條例》(香港法例第210章),任何人士以欺騙手段取得財產/金錢利益,即屬違法, 一經定罪,最高可被判監禁十年。

This application must be completed FULLY and TRUTHFULLY. Any misrepresentation or concealment of facts may lead to disqualification of application and / or full recovery of financial assistance already granted by MU KUANG ENGLISH SCHOOL and possible prosecution. Applicants are reminded that it is an offence to obtain property / pecuniary advantage by deception. Any person who does so commits an offence and is liable, on conviction, to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

(必須填寫下列所有項目)

	(Please fill in <u>all</u> of the following items)	
從事下述行業的家庭成員姓名 Name of the family member engaged in the	e following business :	
(每份收入自述書只可填寫一位家庭成員的收(Each self-prepared income breakdown should o	(人資料) contain the income information of ONE family member	only.)
	、/ 申請人配偶 / 申請人子女 (# <i>請圈出適用は</i> ber and the applicant: # Applicant / Spouse / Chile	
行業 (例:建造業)	職位 (例:三	行工人)
Nature of Industry (e.g. Construction)	Position (e.g. C	Construction Worker)
是在 4 月份工作賺取的,應填寫在 4 <u>Actual Income</u> (Please fill in actual figu	月份的空格内,如此類推。) re. If you do not have any income in a specific me	空任何月份。此外,如於 5 月份支薪而該筆收入 onth, please fill in \$0. Do not leave any month blank. April is in May, you should fill in the salary amount in
月份/年份 實際收入	月份/年份 實際收入	月份/年份 實際收入
Month/Year Actual Income	Month/Year Actual Income	Month/Year Actual Income
4/2024 : HK\$	8/2024 : HK\$	12/2024 : HK\$
5/2024 : HK\$	9/2024 : HK\$	1/2025 : HK\$
6/2024 : HK\$	10/2024 : HK\$	2/2025 : HK\$
7/2024 : HK\$	11/2024 : HK\$	3/2025 : HK\$
數, 以茲證明,並在其他存入金額 By Cheque / Direct Credit (pleas the entries and highlight the total an or else may include the amount in ca	te box. More than one item may be selected) 交上述期間的銀行存摺副本,連同顯示戶口持有. 預旁說明人數來源,否則會將該筆款項納入家庭收入言e provide a copy of the transaction record together with nount with color or verification. For any entries other thalculating your family income.)	the page showing the name of the bank account holder, <u>circle</u> an income, please also <u>make necessary remarks</u> <u>next to them.</u>
□ 沒有固定僱主。 I have no fixed <u>employer</u> . □ 前受僱的公司已倒閉,未能向 The company I worked for has wo 其他,請註明 Others, please specify:		the ex-employer and do not have any other income proof.
聲明:本人謹此聲明,以上資料均屬兒 Declaration: I declare that the above in 從事上述行業的家庭成員簽名(如非明 Signature of family member engaged in t	nformation is true and complete. 申請人)	
申請人姓名 Name of Applicant :	申請人簽 ————————————————————————————————————	
申請人香港身份證號碼 :	日期	·

HKID No. of Applicant

Date

由本校填寫 For Office Use

調整後家庭收入	申請人家庭全年總收入 Gross annual income of the family : ———————————————————————————————————			
AFI = -	申請人家庭成員總人數 + Number of family members +			
調整後家庭收入 AFI		For IAL only	1 操行 Conduct 2 出席率 Attendance	
申請結果 Application	Results			
資助幅度 Level of Assistance 原因 Reason	☐ 100% ☐ 75%	50%	25%	□ 0%
負責老師 Teacher in	charge		日期	
簽署 Si	gnature ——————		Date ———	
校 Signature of Pr	長簽署 rincipal ——————		日期 Date ————	