



## Fee Remission Application Form

(To be filled by Parent or Legal Guardian)

Completed Application Form and a copy of valid documentary evidence should be submitted *by mail or in person* to **Student Programmes and Services Division, The Hong Kong Academy for Gifted Education, E326, Kowloon Tong Education Services Centre, 19 Suffolk Road, Kowloon Tong, Hong Kong.**

### Information of Applicant and Student

Name of Applicant \_\_\_\_\_ Contact number \_\_\_\_\_  
 Relationship with Student \_\_\_\_\_ HKID number \_\_\_\_\_  
 Correspondence address \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Student \_\_\_\_\_  
 HKAGE Student number \_\_\_\_\_ Student HKID number \_\_\_\_\_

**If the fee is already paid, refund will be arranged after the approval of fee remission application. Refund will be made though cheque by post within one month after the course start date. Please provide the following information to facilitate refund arrangement.**

Bank cheque payable to \_\_\_\_\_ (in Block Letters)

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Government subsidy being received** (please put a tick "✓" in the box provided)

Valid through (day/month/year)

<input type="checkbox"/>	Comprehensive Social Security Assistance	_____
<input type="checkbox"/>	School Textbook Assistance Scheme	_____
<input type="checkbox"/>	Senior Secondary Fee Remission	_____
<input type="checkbox"/>	Student Travel Subsidy Scheme	_____
<input type="checkbox"/>	Subsidy Scheme for Internet Access Charges	_____
<input type="checkbox"/>	Examination Fee Remission	_____

\* Senior Secondary Fee Remission will cease upon complete implementation of New Senior Secondary Education System from 2012 onwards.

### Declaration of Applicant

I have read the **Fee Remission Policy** (on page 2) of The Hong Kong Academy for Gifted Education (the HKAGE) and fully understand and agree to the arrangements stated therein in relation to my application. I undertake and warrant that I shall comply with all requirements and specifications set out in the Guidance Notes in making this application. I hereby declare that:

- (1) The information provided in this application and supporting documents are true, complete and accurate. I am fully responsible for legal liabilities for any misrepresentation, concealment of facts, and misleading or false information provided.
- (2) I give full consent to the HKAGE and its authorized bodies to process my application and use the personal data in connection with this application.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

(For the HKAGE use only)

AF	SD	VER	AR	AO	DATE