<u>Reply Slip (S.4 – S.6 Students Only)</u>

008/24-25

	Date:
together with the original and one photocopy of the Assistance Schemes Notification of Result issue	ssion for my child/ward. I hereby submit the reply slip, he 2024-2025 Eligibility Certificate or Student Financial led by the Student Finance Office (SFO) or the valid Assistance Recipients issued by the Social Welfare
Assessment Result – Level of Assistanc	$e^*: \Box$ Full \Box Half
Effective Date:	
or	
Certificate of Comprehensive Social Se	curity Assistance Recipients (for Medical Waivers)
Valid from	until
For any fee remission, please make cheque payab	le to
	(Name of Parent (In Block Letter))
Name of Student:	Class: ()
Name of Parent/Guardian [#] :	
Signature of Parent/Guardian:	
 * Please '√' the appropriate box. # Name of Parent/Guardian must be the same as the N 	ame of the Application on the Eligibility Certificate.