

3rd September, 2018

Dear Parents/Guardians.

Every year our school holds various extra-curricular activities to help students develop their potential. In order to encourage students to participate in a wide range of activities, we are going to provide them with special financial assistance. Those who receive Comprehensive Social Security Assistance (CSSA) or Students Financial Assistance (FULL granted) are eligible to apply for the financial assistance.

If you are a recipient of CSSA or Students Financial Assistance (FULL granted), please fill in the reply slip below and provide the original copy of the certificate to the class teachers. The copy will be returned to you after checking.



3rd September, 2018

Yours sincerely,

Dear Parents/Guardians.

Every year our school holds various extra-curricular activities to help students develop their potential. In order to encourage students to participate in a wide range of activities, we are going to provide them with special financial assistance. Those who receive Comprehensive Social Security Assistance (CSSA) or Students Financial Assistance (FULL granted) are eligible to apply for the financial assistance.

Pat Heung Central Primary School

School Notice 02/2018

If you are a recipient of CSSA or Students Financial Assistance (FULL granted), please fill in the reply slip below and provide the original copy of the certificate to the class teachers. The copy will be returned to you after

Ms Irene Lai (Principal) ------ Reply Slip ------------ Reply Slip ------School Notice 02/2018 To: Pat Heung Central Primary School To: Pat Heung Central Primary School Return on or before 5/9. Return on or before 5/9. (Please " \checkmark " the appropriate boxes.) (Please " \checkmark " the appropriate boxes.) I am not a recipient of Comprehensive Social Security Assistance (CSSA) I am not a recipient of Comprehensive Social Security Assistance (CSSA) or Students Financial Assistance (FULL granted). or Students Financial Assistance (FULL granted). I am a recipient of I am a recipient of Comprehensive Social Security Assistance (CSSA). Comprehensive Social Security Assistance (CSSA). Students Financial Assistance (FULL granted). Students Financial Assistance (FULL granted). Parent's name: _____ Parent's signature: _____ Parent's name: _____ Parent's signature: _____ Student's name: () Class: P. Student's name: () Class: P.

SWD 581

社 利 署 會 膈

SOCIAL WELFARE DEPARTMENT 後夜日期 Date of issue 18/07/2008

綜合社會保障援助受助人醫療費用豁免證明書

Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers)

檔案編號 Casefile Ref YLE-C 此日期起生效: 2008年4月18日 Valid from: 18/04/2008

受助人姓名	身份證明文件號碼	有效日期至
Name of Recipient	Identity Document No.	Valid until
		31/01/2009
xxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxx	xxxxxxxxx
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxx	****
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxx	xxxxxxxxx
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx	xxxxxxxxxx
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx	*****
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx	xxxxxxxxxx

茲證明以上綜合社會保障援助受助人在上述有效日期內可獲得公立診所或醫院(包括急症室)豁免醫療費 用.

This is to certify that the above named Comprehensive Social Security Assistance recipients are entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) during the validity period.

MR LAI SHEUNG YAN SUPERVISOR,

YUEN LONG (EAST) SOCIAL SECURITY FIELD UNIT SOCIAL WELFARE DEPARTMENT

SWD 581

社 膈 利 會 窶



SOCIAL WELFARE DEPARTMENT 簽费日期 Date of issue 18/07/2008

綜合社會保障援助受助人醫療費用豁免證明書

Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers)

檔案編號

此日期起生效: 2008年4月18日

Casefile Ref YLE-C

Valid from: 18/04/2008

受助人姓名	身份證明文件號碼	有效日期至
Name of Recipient	Identity Document No.	Valid until
		31/01/2009
XXXXXXXXXX	xxxxxxxxx	xxxxxxxxx
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx	XXXXXXXXXX
XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx	xxxxxxxxx
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx	xxxxxxxxxx
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx	*****
XXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx	xxxxxxxxxx

茲證明以上綜合社會保障援助受助人在上述有效日期內可獲得公立診所或醫院(包括急症室)豁免醫療費 用.

This is to certify that the above named Comprehensive Social Security Assistance recipients are entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) during the validity period.

MR LAI SHEUNG YAN SUPERVISOR, YUEN LONG (EAST) SOCIAL SECURITY FIELD UNIT SOCIAL WELFARE DEPARTMENT