Reply Slip (S.4 – S.6 Students Only)	
	Date:
Dear Principal, I would like to apply for School Fee Remission together with the original and one photocopy of the 20 Assistance Schemes Notification of Result issued by Certificate of Comprehensive Social Security Assi Department to School for processing my application.	y the Student Finance Office (SFO) or the valid
Assessment Result – Level of Assistance* : [□ Full □ Half
Effective Date:	
or	
Certificate of Comprehensive Social Security	Assistance Recipients (for Medical Waivers)
Valid from	until
For any fee remission, please make cheque payable 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 Name of the Application on the Eligibility Certificate.