



由基金職員填寫	
檔案編號：	
服務項目：	
備注：	

學生支援服務 – 轉介表格
Student Support Services - Referral Form

A. 學生資料

Information of Student

中文姓名: _____ 英文姓名 (姓氏先行): _____
 Name in Chinese: _____ Name in English: _____
 (Surname first, then given name)

性別: 男 女 年齡: _____
 Gender: Male Female Age _____

就讀學校: _____ 年級: _____
 School: _____ Grade: _____

B. 家長/監護人資料

Information of Parent / Guardian:

家長/監護人姓名: _____ 關係: _____
 Name of Parent / Guardian: _____ Relationship: _____

聯絡電話: _____
 Contact No.: _____ (聯絡人 1) _____ (聯絡人 2)

C. 特殊學習需要 (關注問題)/ 其他健康問題

Issues concerning Special Educational Need(s) Exhibited by Student Applicant/ Other health issues

<input type="checkbox"/> 整體發展遲緩 Global Developmental Delay	<input type="checkbox"/> 自閉症譜系 Autism Spectrum Disorder	<input type="checkbox"/> 專注力不足 Attention Deficiency
<input type="checkbox"/> 過度活躍 Hyperactivity	<input type="checkbox"/> 讀寫困難 Reading and Writing Difficulties	<input type="checkbox"/> 大/小肌能發展遲緩 Gross/ Fine Motor Delay
<input type="checkbox"/> 言語發展遲緩 / 障礙 Speech Delay / Impairment	<input type="checkbox"/> 情緒及社交問題 Emotional and Social Problems	<input type="checkbox"/> 智力障礙 Intellectual Disabilities
<input type="checkbox"/> 聽覺受損 Auditory Impairment	<input type="checkbox"/> 視覺受損 Visual Impairment	<input type="checkbox"/> 資優 Gifted
<input type="checkbox"/> 其他 (請列明): Others (Please specify): _____		

其他長期健康問題(請列明): _____
 Other health issues need to be concerned (Please specify): _____

沒有 No 食物敏感: 沒有 No
 有 Yes: Food allergies: 有 Yes:

D. 學生申請人接受資助情況

Subsidies and Financial Assistance Received by Student Applicant

請提供最近 3 個月之電腦編印糧單或附有閣下姓名、賬戶號碼及薪酬之銀行月結單 / 存摺紀錄
Please enclose the latest 3 month's computer-generated Payroll Slips or the latest 3 month's Bank Statements / Passbook showing your name, account number and salary entries

- < 75% 香港家庭入息中位數
< 75% of the Median Monthly Household Income

(請參考社會福利署網站 <https://www.swd.gov.hk> 以了解最新數據)

(Please refer to the website of the Social Welfare Department at <https://www.swd.gov.hk> for the latest statistics)

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- 綜合社會保障援助(綜援)計劃
Comprehensive Social Security Assistance Scheme (CSSA)

批核文件編號： _____
Approval Document Ref. no.: _____

- 學校書簿津貼計劃 全額 Full Grant
School Textbook Assistance Scheme 半額 Half Grant

批核文件編號： _____
Approval Document Ref. no.: _____

- 其他情況(請列明): _____
Other situations (Please specify): _____

*以上合資格學童必需連同證明文件副本提交此表格，請確保掃描的文件副本清晰可讀。

*A scanned copy of the above document should be attached to the application form. Please ensure that the scanned document copy is clear and legible.

E. 過去 3 個月平均每月家庭入息

Average Monthly Household Income in the Past 3 Months

<input type="checkbox"/> HKD 0	<input type="checkbox"/> HKD 1 – 4999	<input type="checkbox"/> HKD 5,000 – 9999	<input type="checkbox"/> HKD 10,000 – 14,999
<input type="checkbox"/> HKD 15,000 – 19,999	<input type="checkbox"/> HKD 20,000 – 24,999	<input type="checkbox"/> HKD 25,000 – 29,999	<input type="checkbox"/> ≥ HKD 30,000

F. 轉介機構

Referrer

機構／學校名稱：

Name of Organization / School: _____

負責社工/特殊教育需要統籌主任姓名：

Name of Social Worker: _____

負責社工/特殊教育需要統籌主任電郵地址：

Email Address by Social Worker: _____

負責社工/特殊教育需要統籌主任聯絡電話：

Social Worker's Contact: _____

填寫日期：

Date of Referral: _____/_____/_____

請將填妥的表格及掃描的證明文件副本電郵至 info@sheenhok.org。

如有任何疑問可致電 2561 7168 聯絡本會職員韓姑娘。

Please send the completed application form along with scanned supporting documents to info@sheenhok.org .

If you have any queries, please feel free to call Ms Hon at 2561 7168.