



Shamshuipo Kaifong Welfare Association Primary School Notice

21 January 2026

Dear Parents/Guardians:

Application for Sports Shoes Donation Scheme

The Kowloon Federation of Associations Yau Tsim Mong District Committee, Yau Tsim Mong Community Organizations Federation, and Yau Tsim Mong Principals' Association are launching the "Love for All - Step Together with Kids" Sports Shoes Donation Program. This initiative aims to alleviate the financial burden on eligible families, with each qualified student receiving a free pair of white sports shoes sponsored by the Love for All Charity Foundation. Details are as follows:

- Eligibility Criteria:
- Currently receiving Comprehensive Social Security Assistance;
 - Currently receiving full/half Textbook Assistance; OR
 - Meets the eligibility requirements for the Community Care Fund.

Fee : Free of charge

Notes:

1. Students whose parents/guardians indicate **intent to apply** via the reply slip will be issued an **application form**. The completed form **MUST** be submitted together with **a copy of the supporting document(s) proving eligibility**.
2. The **organizing committees** reserve the final right to decide on all applications. °

Please complete the attached reply slip and return it to the class teacher **on or before January 23, 2026**. **Late submissions will not be accepted.**

Sincerely,

CHEUNG Lai Wan
Principl

Reply Slip

LCY/25-26/19

Application for Sports Shoes Donation Scheme

To: Principal CHEUNG Lai Wan, Shamshuipo Kaifong Welfare Association Primary School

I	<input type="checkbox"/> wish to apply for the "Sports Shoes Donation Scheme". (Please tick the applicable eligibility criterion below) <input type="checkbox"/> DO NOT wish to apply for the "Sports Shoes Donation Scheme".
Eligibility Criterion (Tick One)	<input type="checkbox"/> Currently receiving full Textbook Assistance <input type="checkbox"/> Currently receiving half Textbook Assistance <input type="checkbox"/> Currently receiving Comprehensive Social Security Assistance <input type="checkbox"/> Meets the eligibility requirements for the Community Care Fund

Reply by:

Parent/Guardian's Signature: _____

Class: ___ Student Name: _____(Student No.: ___)

Date: January _____, 2026

*Please mark "✓" in the appropriate boxes.