

**2024/25 School Year Home-School Co-operation Grants  
Application Form for Change of Approved Activity / Project**

Name of School: \_\_\_\_\_ EDB Reference No.: \_\_\_\_\_

Name of the Approved Activity / Project:

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Name of the Proposed Activity / Project:

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(Please put a ✓ in the appropriate box )

Type 2 Activity 1       Type 2 Activity 2       Type 3 Project

Reason(s) for change of approved activity / project:

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**Objective of the Proposed Activity / Project (if applicable):**

*(Please select one option only)*

- Promoting the establishment and development of PTAs (e.g. understanding the effective planning and evaluation of activities, and sharing of good practices and experience in planning and organising activities)
- Promoting the co-operation and communication between parents and schools (e.g. understanding the roles of PTA in school affairs, and acquiring the skills for effective communication with school personnel)
- Training parents to support the learning activities in schools (e.g. collaborating with schools in promoting values education, e-learning, life planning, national education, national security education, information literacy, vocational and professional education)
- Enhancing parenting skills, assisting parents to support their children in joyful learning and healthy development (e.g. making reference to the Curriculum Framework on Parent Education published by EDB to design the parent education programmes or activities, making reference to the “4Rs Mental Health Charter” launched by EDB to promote student and parent mental health, and sharing with parents the ways to raise happy and positive children)
- Others (please specify): \_\_\_\_\_

**Mode of the Proposed Activity / Project:**

- Educational activities (e.g. seminar, workshop, course, sharing session)
- Social activities (e.g. outing, day camp)
- Others (please specify): (e.g. mutual support group for parents)

**Mode of Home-School Co-operation of the Proposed Activity / Project:**

*(Please select at least one option)*

- Co-organise activity
- Jointly participate in the activity
- Jointly evaluate the effectiveness of the activity or share the outcome after the activity has been carried out
- Others (please specify): \_\_\_\_\_

**Details of the Proposed Activity / Project (if applicable):**Format:  One-off activity  A series of activities (No. of Events: \_\_\_\_\_)

Date: \_\_\_\_\_

Time: from \_\_\_\_\_ a.m./p.m.\* to \_\_\_\_\_ a.m./p.m.\* (\*Please delete as appropriate)

Venue:  inside school  
 outside school (please specify): \_\_\_\_\_

Estimated total no. of participants for each event:

Teachers \_\_\_\_\_ Parents \_\_\_\_\_ Students \_\_\_\_\_ Others \_\_\_\_\_ Total: \_\_\_\_\_

Method of Evaluation:  Questionnaire  Interview  Group Discussion  
 Others (please specify): \_\_\_\_\_ The proposed activity / project **does not include** any estimated expenditure on refreshment and / or entertainment. The proposed activity / project **includes** estimated expenditure on refreshment and / or entertainment. Our school / PTA undertakes to allocate **no more than 10% of the approved grant** for refreshment and / or entertainment.

Our school:

1. understands that application for the proposed changes should be made before the activity / project is held and would only take effect after the approval from the Education Bureau (EDB) is obtained, and late application submitted on or after the commencement date of the proposed activity **will not be accepted**;
2. confirms all information provided in this application form is factually correct; and understand that the information provided herewith shall supersede the information of the originally approved activity / project, which is irrevocable once approval is granted;
3. will ensure proper and economic use of the grants. We will follow the guiding principles of accounting arrangements in utilising the grants and return unspent amount; and
4. will endeavour to implement the proposed activity / project to take forward home-school co-operation. We will complete the **home-school co-operation activities evaluation forms (enclosed with the activity evaluation data and analysis documents)** after the approved activities have been carried out, and send them to the Home-School Co-operation and Parent Education Section of EDB on or before 29 August 2025.

Signature of Supervisor /  
School Head:Signature of PTA Chairperson:  
(for schools with PTAs only)

School Chop

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please submit the duly completed application form to the Home-School Co-operation and Parent Education Section of the Education Bureau by mail.****[Address: Room W215, 2/F, West Block, Education Bureau Kowloon Tong Education Services Centre, 19 Suffolk Road, Kowloon Tong, Kowloon.]**