

2025/26 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: _____

Name of the Proposed Activity / Project: _____

(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: _____

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 to design a wide variety of parent education programmes or activities, making reference to “4Rs Mental Health Charter” to promote mental health of students and parents, making reference to Parent Education Resource Booklet for Parents of Non-Chinese Speaking Students to design parent activities to cater for the needs of different parents, 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 considered**;
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 (with Activity Evaluation Data and Analysis Documents enclosed)** 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 31 August 2026**.

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.]**