## Project "Decide Well, Spend Wisely" - Eligible Participating School Submission Form 「基用自主、融得吧」「基用語、計劃 - 可全與墨拉提交際記表格

School	Name (as registered under the Education O	rdinance (Cap.279) )(the"School") 學校名	3稱(根據《孝	改育條例》(第279章) 註冊	的名稱) ("本校") :	
(ENG) Registered School Number 註冊學校編號:				(中文) Date 日期:		
_	Candidates Information 學校考生資料:		=			
	English Name (Same as HKID card) 英文姓名(必須與香港身份証相同)	Chinese Name (Same as HKID card) 中文姓名(必須與香港身份証相同)	Age 年齢	Student Number 學生証編號	Personal Email 個人電郵	
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to and listed a 本校已 http:/ Signatu	hool has verified and hereby confirms the a accepts all the terms and conditions of the above have also fully agreed to and accepte 比核實及現確認上述學校考生的登記責格 //www. 1ksf. org/decidewellspendwisely are of Authorized Representative 獲授權代 d On behalf of the School 代表本校	Project http://www.lksf.org/decidewelled all the terms and conditions of the Pro 並確認上述資料屬實、準確及完整。 ### w/index-tc. html#tAndc並代表所有上	Ispendwisely pject prior to 本校完全同	/index-en.html#tAndc and re making their submissions fo 意及接受本計劃所有條款及 生為禮物提交登記前均已5	epresents that all School Candidates r the Gift. . 無則	
Author	ized Representative's Full Eng. & Chi. Names		Authorized	Representative's Position		
		(中文)	獲授權代表職位:			
	t No. 聯絡電話: complete and sign this form, and email the I		Email 電郵:			

Service Building, 15 Hennessy Road, Wanchai, Hong Kong ( Please specify 「善用錢」計劃 on the envelope). 請填妥和簽署本表,及將其Excel版本與已簽妥的pdf版本於本計劃條款及細則所列之**提交登記截止時間前**電郵至submission.decidewell@lovehkyourway.org。請將 簽妥的正本寄至香港社會服務聯會香港灣仔軒尼詩道15號溫莎公爵社會服務大廈11樓1109室(請在信封面上註名「善用錢」計劃)。

the terms and conditions of the Project. Please also send the original signed form to The Hong Kong Council of Social Service, Room 1109, 11/F, Duke of Windsor Social