

## Request for Fee Assistance (COVID-19)

Fee remissions are being granted on a term by term basis as we continue to monitor the impact of COVID-19 on our community. Further remissions will be reviewed as the current situation unfolds.

### Family Information

Applicant Name:	
Child Name/s:	
Phone Number	

### Change of Circumstance

Please briefly explain your change in circumstances that has resulted in you needing financial assistance e.g. loss of employment, reduction in hours, closure of business.	Unemployment <input type="checkbox"/>	Reduced Income <input type="checkbox"/>
	Business owner <input type="checkbox"/>	Illness / Other <input type="checkbox"/>
<b>Comment:</b>		

### Are you able to provide any of the following supporting documentation?

A letter or notification from your employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An application to Centrelink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any payslips that demonstrate an income reduction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A business registration form, ABN, or other lodgement form (e.g. BAS) that can demonstrate business ownership.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other		

### Assistance requested

1.	Do you require remission for one term?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Do you require your automatic payments to be held until end of term 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do you require your automatic payments to be reduced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	I have paid my fees in advance and request a term's refund.	New Amount \$ _____	
		Account Name _____	
		Account Number _____	
		BSB Number _____	

### Declaration

I confirm that the information provided in respect of this application is true and complete.	
Signature(s) & Date	

**Office Use**

Application approved by Principal	<input type="checkbox"/> Yes <input type="checkbox"/> No    Signature _____
Remission granted	Amount remission applied \$ _____
Confirmation Letter & revised Statement sent home	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date sent _____
Direct Debit Adjusted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	