

## REQUEST FOR FEE ASSISTANCE (COVID 19 & OTHER)

Fee remissions are being considered & reviewed as we continue to monitor the impact of COVID-19 on our community.

### Family Information

Applicant Name:	
Child Name/s (if currently enrolled):	
Phone Number	
Email Address	

### 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"/>
Provide brief detail of reason:		

### 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: <b>Please provide details:</b>		

### Assistance requested

1.	Level (\$) of Fee Remission (if relevant) you require to be considered?	
2.	Do you require your automatic payments to be suspended? If so, date you would like to resume:	<input type="checkbox"/> Yes <input type="checkbox"/> No Resume Date:
3.	Do you require your automatic payments to be reduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No New Amount \$ _____
4.	I have paid my fees in advance and request a refund.	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	