



Request for Fee Assistance

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: Please provide details:		

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	

Office Use

Debtor Code of Applicant	
Accountant's recommendation/consideration	
Application approved by Principal/Delegate	<input type="checkbox"/> Yes <input type="checkbox"/> No Signature _____ Date _____
Remission granted	Amount remission applied \$ _____
Confirmation letter & revised statement sent home	<input type="checkbox"/> Yes <input type="checkbox"/> No Date sent _____
Payment plan adjusted (if relevant)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	