



ROSARY SCHOOL

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.

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"/>
Comment:		

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 New Amount \$ _____
4.	I have paid my fees in advance and request a term's 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

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	