

## **COVID-19 FEE ASSISTANCE REQUEST**

<b>Applicant</b>	Inform	ation
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Applicant Name(s)	
Email Address	
Student Name(s)	
mpact of COVID-19	
Please briefly describe the impact of COVID- 19 on your employment or business as well as the impact on any other person responsible for the payment of school fees.	
ee Assistance Requested	
Please select the type of assistance required	☐ Additional time to pay fees ¹☐ Half Fees ²☐ No Fees ²☐
Do you need the school to cancel any automatic payment plans already in place?	☐ Yes

- 1. Families that request additional time to pay will be able to request back-dated fee relief if their financial situation is worse than anticipated.
- Fee relief in respect of COVID-19 will be granted on a term-by-term basis to enable us to assess the ongoing impact on the broader community. For example, if you are approved for fee relief in Term Two the school will contact you four weeks before the start of Term Three and ask you to confirm if there has been any material change to your financial position. If there has been no change assistance will continue automatically for Term Three.

## **Fast Financial Assessment**

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Briefly outline how your current net		
household monthly income has changed		
due to COVID-19 events.	Parent 1:	Previous Monthly Net Income \$
		Current Monthly Net Income \$
	Parent 2:	Previous Monthly Net Income \$
		Current Monthly Net Income \$
Is there any other information you feel we		
should be aware of in order to assist you	1	
through this time or are there other costs		
that are impacting your ability to pay fees?		

## Declaration

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

We appreciate how difficult it is for parents to come forward with financial concerns but please be assured that this application will be handled with care and confidentiality.

This application will be processed using the school assessment criteria for Fee Assistance adapted for COVID-19 circumstances.