



COVID-19 FEE ASSISTANCE REQUEST FORM	
SCHOOL NAME:	
APPLICANT NAME(S)	
EMAIL ADDRESS	
STUDENT NAME(S)	
IMPACT OF COVID-19	
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.	
FEE ASSISTANCE REQUESTED	
Please select the type of assistance required	<input type="checkbox"/> Additional time to pay fees <sup>1</sup> <input type="checkbox"/> Fee Reduction <sup>2</sup> <input type="checkbox"/> No Fees <sup>2</sup>
<p>1. Please complete the 'Request to deter/amend payment of school fees' form. Families that request additional time to pay will be able to request back-dated fee relief if their financial situation is worse than anticipated.</p> <p>2. 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 prior to 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.</p>	
INITIAL FINANCIAL ASSESSMENT	
Briefly outline how your current net household monthly income has changed due to COVID-19 events.	
Is there any other information you feel we should be aware of in order to assist you through this time or are there other costs that are impacting your ability to pay fees?	
DECLARATION	I confirm that the information provided in respect of this application is true and complete.
SIGNATURE(S) & DATE	
<b>PLEASE EMAIL/LODGE THIS FORM WITH YOUR RESPECTIVE SCHOOL</b>	

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.