

COVID-19: REQUEST FOR SCHOOL FEES REDUCTION

Families may be eligible for fee remission if each parent/carer who is responsible for payment of school fees has suffered a reduction in their primary source of income due to one of the below criteria as a result of COVID-19:

- Redundancy
- Stand down
- Reduction in hours
- Business owners - closure
- Business owners - reduced turnover
- Loss of income - carers duty
- Loss of income - infection / quarantine
- Other reasons not listed above

If you feel you may be eligible:

- The family must complete this **Request for School Fees Reduction Form**.
- A separate request is required for each school which their child/children is/are enrolled.
- The CECG will continue to monitor the pandemic situation and advise parents accordingly.

Requests may be emailed to your respective school or lodged at your school's administration office.

DATE	
SCHOOL NAME	
FAMILY NAME	(Surnames & First Names)
FAMILY CODE	(Available from your School Fee Statement)
EMAIL ADDRESS	(Email to which we can acknowledge your Request)

OLDEST CHILD IN THIS SCHOOL

NAME	(Surname & First Name)	YEAR	
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EVIDENCE REQUIRED TO ASSESS ELIGIBILITY

Scenario – primary source of income loss	Evidence Required
Business owners – closure	Letter on company letterhead
Business owners - reduced turnover	Letter on company letterhead
Employment - reduced hours	Letter on company letterhead
Employment - redundancy	Letter on company letterhead
Employment - stand down	Letter on company letterhead
Loss of income – carer's duty	Completion of a request to defer payment of school fees
Loss of income – infection / quarantine	Completion of a request to defer payment of school fees
Other (refer CE office)	Case Specific

Please provide the evidence as set out above applicable to your employment circumstance/s to enable us to assess the level of assistance under the COVID-19 Catholic Education criteria

To ascertain the level of reduction in income and enable us to assess the level of assistance under the COVID-19 Catholic Education criteria please fill in the table below.

You will also need to provide a copy of payslips and Centrelink Statements prior to COVID-19, and ones that show your current situation. If you own a business or are self-employed, please provide a copy of your Profit and Loss Statements for period financial year to 30.6.2021 and 1.7.2021 to 31.8.21 on a **monthly** basis.

TOTAL HOUSEHOLD INCOME PRIOR TO COVID-19	\$	CURRENT TOTAL HOUSEHOLD INCOME	\$
Pay (per Household)		Pay (per Household)	
Centrelink		Centrelink	
Other		Other	

SCHOOL FEE REDUCTION REQUEST

- I/We understand and agree to the conditions listed above.
- I/We understand that any fee reduction granted is on a term-by-term basis.
- I/We will notify the school should my/our circumstances change.
- I/We undertake to contact the school when further information is distributed in relation to school fees and their payment.

PLEASE EMAIL/LODGE THIS FORM WITH YOUR RESPECTIVE SCHOOL

Parent/Carer(s) Name/s: _____ Signature/s: _____