



CATHOLIC EDUCATION

Archdiocese of Canberra & Goulburn

COVID-19: REQUEST TO DEFER PAYMENT OF SCHOOL FEES

Families may elect to defer payment of school fees during the COVID-19 Pandemic under the following conditions:

- The family must complete this *Request to Defer Payment of School Fees*.
- A separate request is required for each school which their child/children is/are enrolled.
- The current period of deferral is for the period up to **30 September 2021**.
- 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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CURRENT FREQUENCY & METHOD OF PAYMENT

PAYMENT FREQUENCY (When your payment/payments are made) (PLEASE TICK APPLICABLE)

<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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PAYMENT METHOD (How your payment/payments are made and actions to be taken)

<input type="checkbox"/> BPAY PAYMENT	Parent/Carers are required to log onto to their internet banking application to suspend/amend the level of payments.
<input type="checkbox"/> QKR!	Parent/Carers are required to log onto QKR! to suspend/amend the level of payments.
<input type="checkbox"/> SCHOOL OFFICE	If payment is made directly to the school office, parents may suspend or amend the value of payments to be made.
<input type="checkbox"/> DIRECT DEBIT	The School Office will attend to suspension /amendment of payments.
PAYMENT AMOUNT	Current amount \$ _____ Proposed amount \$ _____

DEFERMENT OF PAYMENT

- I/We understand and agree to the conditions listed above.
- 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: _____