

ST JOSEPH'S COLLEGE REQUEST FOR FEE ASSISTANCE

(COVID-19)

Phone: 5018 8000 Email: dlim@sjcmda.vic.edu.au

Fee deferrals are being granted on a term by term basis as we continue to monitor the impact of COVID-19 on our community. Further deferrals will be reviewed as the current situation unfolds.

Family Information	1				
Applicant Name:					
Child Name/s:					
Change of Circums					t has resulted in you needing n hours, closure of business.
Unemployment	Reduced Income	Business Owner	Illness/0	Othe	r
Comment:					
Are you able to pro	ovide any of the follow	ring supporting doc	umentatio	on?	
A letter or notificatio		es N	No		
An application to Cer		es N	No		
Any payslips that demonstrate an income reduction			res N	No	
A business registration form, ABN, or other lodgement form (e.g. BAS) that can demonstrate business ownership.			es N	No	
Other					
Assistance request	red				
Do you require deferral for one term?			es N	No	
Do you require your a to be held until end o	`	res N	No		
o you require your automatic payments to b		e reduced?	Yes 1	No	New Amount \$
Declaration					
I confirm that the	information provided in r	espect of this applicati	on is true a	and c	omplete. Date

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PLEASE NOTE: The submit button is disabled on all mobile devices, including iPads. If using a mobile device please ensure you save the document and then forward the form via email to dlim@sjcmda.vic.edu.au when complete. Adobe Reader, or equivalent software (Foxit), must be installed on your device to complete this form. If you require any assistance please contact Mr David Lim, Business Manager via email.

Office Use					
Application approved by Principal	Yes	No	Signature —		
Deferral granted Amount deferred applied \$					
Confirmation Letter & revised Statement sent home	Yes	No	Date sent		
Direct Debit Adjusted	Yes	No			
Comments					