

# Attendance Dues Hardship Application Form

Account Number	<input type="text"/>
Account Name	<input type="text"/>

## SECTION A – FAMILY DETAILS

### Parent / Caregiver / Bill Payer 1

Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		

### Parent / Caregiver / Bill Payer 2

Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		

	Student Name(s)	School	Year Level
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION B – REASON FOR APPLYING

Please briefly explain your current hardship or change in circumstances:

- Loss of income / redundancy                       Death of the main income earner
- Extended unemployment - family reasons (including the number of children a family is paying attendance dues for)
- Other (please describe): \_\_\_\_\_

### Supporting Evidence

Please provide any documents that confirm your circumstances (eg: redundancy notice, medical certificate, or other relevant paperwork). This information will only be used to assess eligibility and will be treated confidentially.

\_\_\_\_\_

\_\_\_\_\_

## SECTION C – CURRENT SUPPORT OR PAYMENT PLAN

Are you currently on a payment plan?     Yes     No

If yes, what amount do you pay?    \$ \_\_\_\_\_    per:     week     fortnight     month

