

# LORETO KIRRIBILLI

## APPLICATION FOR TEMPORARY COVID-19 HARDSHIP FEE DEFERRAL



This application should be completed by the individual(s) accountable for payment of school tuition fees.

### APPLICANT INFORMATION (PER ENROLMENT AGREEMENT)

Applicant name(s)

Daughter's name(s)

Year group

### ECONOMIC IMPACT OF COVID-19

Please explain the impact of COVID-19 on your employment or business, including:

- details of loss of income (please submit evidence of loss of income e.g. letter from employer, pay slips, BAS, Centrelink claim)
- availability of any other relief (mortgage/loan payments, rent relief, jobseeker or jobkeeper allowances)
- such other financial information as the School reasonably requires

### FEE ASSISTANCE REQUESTED

Please state the type of assistance required eg. instalments, deferment

*Fee assistance in respect of COVID-19 will be granted on a term-by-term basis to enable an assessment of the ongoing impact on the broader community. Application for fee remission will require completion of the Bursary Form and Statutory Declaration on the website, as per the School's Bursary Policy.*

### DECLARATION

1. I/we certify that to the best of my/our knowledge the information supplied in this form is complete and correct. I/we understand that if any of the information provided in this form is found to be false or misleading, or if it is discovered that there have been material omissions or understatements, any relief may be withdrawn.
2. I/we hereby agree to notify the School within 7 days of any improvement in either personal circumstances or financial position. If it is discovered that my/our financial position has improved and appropriate notice has not been given to the School, it is understood that the School may withdraw or refuse hardship relief and the tuition fee for the school year reverts to being payable on time and in full.
3. I/we understand that the information provided in this application and any supporting documentation will be used for the sole purpose for which it was collected and will not be disclosed to any third party. I/we understand that all personal information will only be removed from the School's records once it is no longer required for its original purpose.

I/we hereby certify that I/we fully understand the above terms and conditions and confirm my/our agreement.

#### Applicant

Signature

Date

Print name

#### Applicant (if applicable)

Signature

Date

Print name