

COVID-19 School Fee Concession

Catholic Schools in our Diocese are accessible to all families willing to support the Catholic ethos regardless of financial circumstances. All information will be treated in the strictest confidence, only the Principal and/or School Finance Officer have access to this application.

By submitting this form, you declare that the information supplied in all parts of this application is correct and complete.

| pplication is correct and complete. |
|-------------------------------------|
| |
| Required |
| |
| 1. School * |
| Enter your answer |
| |
| 2. Suburb * |
| Enter your answer |
| |
| 3. Applicant's Name * |
| Enter your answer |
| |

| Enter your answer |
|--|
| |
| |
| 5. Email Address * |
| Enter your answer |
| |
| C. Name of Child (Children anyallod in the calcal * |
| 6. Name of Child/Children enrolled in the school * Enter all names here for multiple children |
| Enter your answer |
| |
| |
| 7. Year/s * |
| Enter the Year/s (Grade/s) that your child/children are in |
| |
| Enter your answer |
| Enter your answer |
| |
| 8. Reason for Application * |
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| 8. Reason for Application * Please state how COVID-19 has directly affected your ability to pay your school fees |
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Submit

Never give out your password. Report abuse

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