

ATTENDANCE DUES ASSISTANCE – FS02 *(to be used in conjunction with FS01)*

This information is required to be completed by Parent/caregiver where requested to support an application for Attendance Dues Assistance of more than 50%. This form needs to be completed on the same basis as that held for enrolment i.e. individual/joint parent/caregivers. Please complete in full the following information and attach to your completed FS01 form.

Brief Summary of Financial Position:			
Assets		Liabilities	
Total Land and Buildings	\$ _____	Overdrafts: Limit	\$ _____
Total Deposits	\$ _____	Personal Loans/ Hire Purchase:	\$ _____
Total Shares/Investments	\$ _____	Mortgage/s: No.	\$ _____
Life Insurance/Superannuation	\$ _____	Credit Cards: Limit _____ Balance:	\$ _____
Vehicles/Boat/Caravan:	\$ _____	Other debts: (Details)	_____
_____	\$ _____	_____	\$ _____
Household Contents	\$ _____	_____	\$ _____
Other Assets	\$ _____	_____	\$ _____
Total Assets:	\$ _____	Total Liabilities:	\$ _____

- Financial Details:**
- What is your yearly income before tax \$ _____ per year
 - Other income received before tax (i.e. Rent/Investments) \$ _____ per year
 - How much are your home loan, loan or rent payments \$ _____ per month
 - If you own your own home how much do you pay for rates/insurance \$ _____ per month
 - If you have other loans how much are your payments \$ _____ per month
 - How many dependants do you have responsibilities for _____
 - If applicable, how much do you pay for child support/maintenance \$ _____ per month

- Employment Details:**
- What is your occupation: _____ Are you self employed? Yes No
 - What kind of employment are you in:
 Full time Part-time Seasonal Casual Other
 - Work Phone Number: () _____
 - How long have you been employed, or how long have you been self-employed? _____
 - If you have been in this job for less than six months what was your previous occupation? _____
 - How long were you in this job? _____

Acknowledgement: I / we understand that

- * I / we certify that all information provided is true and correct
- * I / we understand that no commitment is made by the Catholic Diocese of Hamilton to provide Attendance Dues Assistance.

Signed: _____ Signed: _____

(Print Name) _____ Parent / Caregiver (Print Name) _____ Parent / Caregiver

Please return this form with the necessary attachments (see FS01) to: Catholic Integrated Schools Office
 PO Box 4353, Hamilton

CATHOLIC DIOCESE OF HAMILTON

Chapel Centre, 51 Grey Street
 PO Box 4353, Hamilton 2032, New Zealand
 Tel: +64 7 856 6989 E-mail: dues@cdh.org.nz



Catholic Integrated Schools Office

ATTENDANCE DUES ASSISTANCE

Account Number: _____

Please ensure both sections are completed.

SECTION A: *(This section to be completed by Parent/caregiver)*

Parent/Caregiver's Name:	
Address:	
Email Address:	
Telephone No: <i>(Day time)</i>	

<i>Name(s) of child/children</i>	<i>School</i>	<i>(Office use only)</i>

PLEASE PRINT OR TYPE CLEARLY IN CAPITAL LETTERS

Is there any Attendance Dues from previous year/s outstanding: <i>(Please delete one)</i>	Yes	No
If 'Yes' please state amount:	\$	
What arrangement is in place for clearing this debt? <i>(weekly / fortnightly)</i>	\$	

Why are you seeking assistance? Please provide brief details...

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

I, the undersigned, hereby acknowledge that the information given above is true and correct.

Signed: _____
 Parent / Caregiver

Date: _____

SECTION B: (This section MUST be completed by the Principal or Parish Priest)

Supporting comments for application.....			
Level of recommended support: <i>Please indicate percentage between 10-50%</i>	%		
If more than 50% is required please complete 'Form FS02'	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">FS02</td> <td style="width: 20%; padding: 2px;"> </td> </tr> </table>	FS02	
FS02			

What arrangement will be made to clear the balance once rebate has been applied to the account?
Weekly Automatic Payment – Amount \$
Fortnightly Automatic Payment – Amount \$

Signed: _____ <div style="text-align: center; margin-top: 5px;">Principal / Parish Priest</div>	Date: _____
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