

**PLEASE NOTE THAT ALL DETAILS PROVIDED BELOW ARE
CONFIDENTIAL AND WILL BE DIRECTED TO THE PRINCIPAL.**

Bay Road Waverton 2060
 ABN 18 246 198 266
 Telephone 9955 2822 9955 4242
 Facsimile 9956 6801
 Email nthsyddem-p.school@det.nsw.edu.au

APPLICATION FOR FINANCIAL ASSISTANCE OR DELAYED PAYMENT

Student Name: _____

Class: _____

Parent Name: _____

Contact Phone: _____

I require financial assistance due to:

.....

.....

.....

.....

(Reasons for assistance may include, but is not limited to: low income family or single low income parent; part-time employment only; medical expenditure for child; pension; other)

OR I require an extension on payment until: / /

OR I wish to make payment in instalments of \$_____ (amount) per _____ (week/fortnight/month) starting on / / (date)

Please sign & date and return this page to the school office, addressed to the Principal.

Name: _____

Signature: _____ Date: _____