



HILLSIDE CHRISTIAN COLLEGE

COVID-19 SCHOOL FEE RESPITE APPLICATION 2020 Financial Hardship Declaration

Parent 1 Name _____ Phone _____

Parent 2 Name _____ Phone _____

Students (names & year group) _____

Current Payment plan in place for school fees:

Method	Please tick	Value	Frequency
Direct Debit			
BPAY			
Cash Receipt College office			

Who in your household has lost their employment as a result of COVID-19 (fulltime/part time)?

Please describe the changes in your financial circumstances:

Please note the payment plan you are able to maintain for school fees going forward:

Declaration:

I declare the information above is true and correct. I understand that any misleading information will render me liable to repay any school fee discount issued.

Parent 1 Signature _____ Parent 2 Signature _____

Date: ____ / ____ / 2020

OFFICE USE

Date received ____ / ____ / 2020 Family Code _____ Account balance \$ _____

Respite arrangement _____

Approved by _____ Signature _____ / ____ / 2020

TEL: (08) 9453 2644
E-MAIL: ADMIN@HILLSIDE.WA.EDU.AU
WEBSITE: HILLSIDE.WA.EDU.AU
ABN: 62 082 838 689

HILLSIDE CHRISTIAN COLLEGE
336 HAWTIN ROAD
FORRESTFIELD 6058
WESTERN AUSTRALIA



A MINISTRY OF
HILLSIDE CHURCH
HILLSIDE.ORG.AU