

# 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)*

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

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

### A REBATE APPLIES TO THE CURRENT YEAR ONLY

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

<b>Why are you seeking assistance? Please provide brief details...</b>

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.....**

<b>Level of recommended support:</b> <i>Please indicate percentage between 10-50%</i>	%
If more than 50% is required please complete 'Form 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: _____	Date: _____
Principal / Parish Priest	

**Please return this form with the necessary attachments to:**

**Catholic Integrated Schools Office  
PO Box 4353  
Hamilton**