

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) _____ (Print Name) _____

Parent / Caregiver *Parent / Caregiver*

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