

Attendance dues assistance – hardship rebate application form

Please refer to the information under ‘School costs – Attendance dues – hardship fund’ on the school website www.cornerstone.ac.nz before filling in this form. If you require assistance to fill in the form, please contact Simon McCracken, ph. 021 043 3025 or (06) 356 2525. Once you have completed it, please post it to: CCET(CCS) P.O. Box 5188, Palmerston North 4441.

Personal information collected on this form will be used to determine a family’s eligibility for a hardship rebate. This information will remain strictly confidential to the Proprietor’s attendance dues team.

We will endeavour to inform you of the outcome of your application within 6 weeks of our receipt of this form.

Family name and contact details:			
Name of parent/caregiver:			
Address:			
Email:	Home phone:	Mobile phone:	
Details of children in household (0-18 years):			
Name of child	Date of birth	Does this child attend Cornerstone Christian School? (delete one)	Year level
Child 1:		YES / NO	
Child 2:		YES / NO	
Child 3:		YES / NO	
Child 4:		YES / NO	
Child 5:		YES / NO	
Child 6:		YES / NO	
Child 7:		YES / NO	
N.B. If there are more than 7 children in your household, please attach information on a separate sheet.			
Details regarding this request for assistance:			
Please explain why you are seeking assistance from the hardship fund. Include details of extraordinary circumstances:			
.....			
.....			
.....			
What are the attendance dues payable by your family for the current year?		Annually: \$	
		Weekly: \$	
What level of attendance dues do you believe your family could afford to pay?		Annually: \$	
		Weekly: \$	

What level of assistance have you been able to gain from family/whanau/friends? Annually: \$
 Weekly: \$
 Comment:

Do you have outstanding attendance dues payable from previous years? (delete one) YES / NO
 If "yes" please state amount: \$
 Please provide details of how you plan to clear this debt:

Household income and accommodation expenses:

What is your household income (before tax)? Weekly: \$ Annually: \$
 NB: Please include wages, salaries, WINZ subsidies, working for families tax credits, interest, dividends, associated trust income, etc.

What is the total amount spent by your family on accommodation (mortgage/rent) Annually: \$
 Weekly: \$

Do you qualify for the community services card? (delete one) YES / NO

Do you foresee a change in circumstances to make attendance dues more sustainable for you in the future?
 (delete one) YES / NO
 If yes, please include details:

Application history:

Have you previously applied to the hardship fund? (delete one) YES / NO

Acknowledgement:

I acknowledge that the information given above is true and correct:
 Signed: _____ Date: _____
 Parent/caregiver

For office use only

Date received:/...../..... Date interviewed:/...../.....	Outcome Assistance end date:/...../..... Parents paid their portion? (delete one) YES / NO
---	---