

# Auckland Common Fund Ltd

## Application for Assistance with Attendance Dues

### PRIVATE AND CONFIDENTIAL

Student's Name	Catholic School / College	Year Level	*Preference Certificate

*\*Preference student: Students who are recognised as having the required religious connection with the school, and therefore have preference enrolment.*

### Other dependent children in family not attending Catholic Schools in the Auckland Diocese

Name	Age	School / University	Year Level

#### Mother's Name:

Occupation:

Address:

Employer:

Email:

Phone Numbers (H)..... (W)..... (M).....

#### Father's Name:

Occupation:

Address:

Employer:

Email:

Phone Numbers (H)..... (W)..... (M).....

#### Weekly Household Income:

*Please list separately all sources of income:*

Mothers salary or wages:

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Father's salary or wages:

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Weekly Benefit received:

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Benefit type:

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In work family allowance:

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Other income:

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#### Weekly Household Expenses:

*Please list separately all expenses:*

Rent / Mortgage repayments: (please indicate)

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Hire Purchase or other loan repayments:

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Other weekly commitments and expenses:  
(eg. Food, Power, Phone, Petrol etc)

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**Total Weekly Income:**

**Total Weekly Expenses:**

- Please indicate how much you are currently paying towards each school's fees and how you make the payment. *ie: weekly automatic payment and amount or cash / internet banking direct to the school.*
- School: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency/Method: \_\_\_\_\_
- Please provide any other relevant information that may support this claim  
*ie: Budgeters Report, Statement of Means, Medical Certificate etc,*
- Please explain the circumstances that contribute to this application for assistance:
- *Continue on a separate sheet if necessary.*

***Note: Assistance with Attendance Dues is not available to non-preference students***

**Declaration:**

I declare that the information provided on this application is true and correct. I agree to keep this application confidential and that the decision of the reviewer (Principal / Principals Representative / ACFL) regarding this application is final.

I understand that the Hardship Scheme can only assist with the Attendance Dues component of the school fees accounts and that any support granted covers the current school year only.

I agree to put an automatic payment in place if requested to by my child's school / ACFL.

For the purposes of processing this application, the reviewer may provide information to the Principals of the Catholic Schools the students attend and the ACFL Revenue Manager.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form and accompanying documents to one of the following:

The Principal of the school your child attends

or

The Revenue Manager

Auckland Common Fund Ltd

Private Bag 47-904

Ponsonby

**Auckland 1144**

**Email:** [acfl@cda.org](mailto:acfl@cda.org).

**Office Use Only**

Date Application Received: \_\_\_\_\_

Action taken: \_\_\_\_\_