

# AUCKLAND COMMON FUND LIMITED

## 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:

**Weekly Household Expenses:**

*Please list separately all expenses:*

Rent / Mortgage repayments: *(please indicate)*

Father's salary or wages:

Hire Purchase or other loan repayments:

Weekly Benefit received:

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

Benefit type:

In work family allowance:

Other income:

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 proof of reduced income, work hours, redundancy or other relevant information to support this claim.  
*ie: Budgeters Report, Statement of Means, Medical Certificate etc, (Continue on a separate sheet if necessary.)*
- Please explain the circumstances that contribute to this application for assistance:  
*(Continue on a separate sheet if necessary.)*

**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 this Financial Assistance 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 Operations Manager.

Full Name:

Signature:

Date:

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

The Principal of the school your child attends

or

The Operations Manager  
Auckland Common Fund Ltd  
Private Bag 47-904  
Ponsonby  
**Auckland 1144**

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

**Office Use Only**

Date Application Received:

Action taken: