Woodcrest State College

P-12 Seamless Education

FINANCIAL HARDSHIP CLAIM

(Parent to Complete)

Student/Students' Name				
Parent Name (must be debtor of the account)				
Please describe the details of your personal hardship.				
How long have you been experiencing this personal hardship?				
How long do you expect your personal hardship to continue?				
Do you currently have an active payment plan in place with the Finance Department?	☐ Yes, my payments are: \$ ☐ No ☐ per week ☐ per fortnight			
If you do not have an active payment plan, please advise of weekly/fortnightly payments that you could commit to.	□ per week \$ □ per fortnight \$			
What are you requesting to occur with your account? (How would you like the college to support you with managing your account)				
I understand and agree that on submission of my application, my account history will be analysed in detail and submitted to the Business Manager for review. I understand that claims are reviewed on a case by case basis and decisions are final.				
Signature of Parent/Carer	<u>Date</u>			



P-12 Seamless Education

FINANCIAL HARDSHIP CLAIM

Office Use Only

Student/Students' Name				
Reports attached	 □ Open/closed invoices □ Statement of account □ Contact record (if applicable) □ Supporting documentation (if applicable) 			
Finance Manager comments				
Signed – Finance Manager			Date	
Business Manager comments/outcome of claim				
Signed – Business Manager			Date	
☐ Final outcome actioned			Date	
Comments				
☐ Details entered on Finance Sprea☐ Details recorded in One School co	Date			