



# ST GEORGE CHRISTIAN SCHOOL

## COVID-19 Financial Hardship Form

### CONFIDENTIAL

#### Applicant's details

Applicant 1: .....

Applicant 2: .....

Marital Status: (tick box)    Married                  Divorced                  Single Parent

Address 1: .....

..... Postcode.....

Address 2: .....

..... Postcode.....

Phone 1: Home: ..... Work: ..... Mobile: .....

Phone 2: Home: ..... Work: ..... Mobile: .....

E-mail 1: Home: ..... Work: .....

E-mail 2: Home: ..... Work: .....

#### Students attending St George Christian School

(Full name, including surname)

Name	Class In Year Applied For

**People in Household**

(Names of all people living in your household including yourself)

Name	Dependant: Working/Unemployed (give reason)

**Declaration of Loss of Income specifically due to the outbreak of the COVID-19 pandemic**

Please explain what has happened that has led you to seek support from the School, including the loss of work hours and/or position, what financial impact that has had on your family, and the expected timeframe until things may return to normal. Please attach any documents you have that will confirm your previous income and your loss of income such as tax returns and payslips.

**Government Benefits Applied for**

Please list what Government assistance you have applied for or have received, including the JobSeeker or JobKeeper Payment (please supply any documentation you may have received from the Government showing the amount of benefit you will receive or are receiving):

<https://www.servicesaustralia.gov.au/individuals/services/centrelink/jobseeker-payment/how-claim>

**Other Sources of Income**

Do you have any other sources of income which you may be able to access to help you in this hard time, including wages from your spouse/partner?

(include board from family or lodgers, annuities, inheritances, bequests, dividends, family trust funds, rental, income, sale of assets, assistance from extended family and all other income)

Type of Income	Estimated Annual Amount	Explanation

I/We acknowledge that all of the above information is complete and correct to the best of my/our knowledge and belief (to be acknowledged by **both** Parents/Guardians (if applicable)):

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This application is to be **returned to the Business Manager** (details below) together with copies of the following documents where relevant:

- Pay slip or Letter of Separation etc.
- Proof of loss of income eg letter from your employer
- Letter from the Australian Government outlining the benefits you are receiving

Thank you for your co-operation. We will be in touch with you as soon as we can.

**Business Manager**  
**St George Christian School**  
**PO Box 144**  
**RAMSGATE NSW 2217**

**Telephone: 9547 2311**  
**Email: [businessmanagerpa@sgcs.nsw.edu.au](mailto:businessmanagerpa@sgcs.nsw.edu.au)**