

**Section A** *This section to be completed by the parent/caregiver*

<b>Name of parent/caregiver:</b>														
<b>Address:</b>														
<b>Telephone No: (daytime)</b>														
<b>Account No:</b>		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											<b>(eg BA15999)</b>	
<i>Office use only</i>	<b>Name/s of child/children:</b>	<b>School:</b>	<i>Office use only</i>											
<b>Why are you seeking assistance? (provide brief details)</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>														
Are any attendance dues owing from previous year/s: (delete one)			Yes/No											
If “yes” please state amount:			\$											
Is there an existing arrangement in place for clearing this debt? (delete one)			Yes/No											

I, the undersigned, hereby acknowledge that the information given above is true and correct.

Signed: \_\_\_\_\_  
Parent/Caregiver

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

***PTO for Section B***

**Section B** *This section MUST be completed by the Attendance Dues Adviser*

**Supporting comments for application**

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**Please record the amount of the hardship rebate approved:**

Hardship Rebate: (please tick one)	25%		
	50%		
	65%		
	80%		
Or specify sum being rebated:	\$		

**IF any arrears are being written off, specify amount: \$**

**Comments:** Please state your decision with reasons.

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**Notes:**

**Please complete an agreement for paying attendance dues (including arrears) still owing.** Use Form E-1 and ensure applicant receives a signed copy.  
 An automatic payment authority (Form E-2) should also be completed and signed by the applicant.

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

Print name: \_\_\_\_\_

*Please send this form with all necessary attachments to:*

**The DPN Attendance Dues team  
 Private Bag 11 012  
 Palmerston North  
 dues@pndiocese.org.nz**

Have you completed all necessary forms? (please tick where appropriate)	Yes	Not required
Form (Form E, Sections A & B)		
Payment Agreement (Form E-1)		
Signed automatic payment authority (Form E-2)		

**Call the team on 06 350 3825 or 0800 208 200 for any queries.**

A rebate of \$\_\_\_\_\_ has been approved  
and/or attendance dues arrears of \$\_\_\_\_\_ have been written off

for the following parents/caregivers:

**Names:** *in full* \_\_\_\_\_

**Residential address:**

\_\_\_\_\_  
\_\_\_\_\_

**In return, the parents/caregivers hereby agree: (\* Please circle preferred option)**

1. To pay the balance of their attendance dues account  
(a) by automatic payment from our bank account no. \_\_\_\_\_  
(and a completed automatic payment authority is attached)\*  
**OR**  
(b) by internet banking or cheque \_\_\_\_\_  
(state method and amounts of payments)
2. To pay by (a) weekly\* or fortnightly\* or monthly\* instalments of  
\$ \_\_\_\_\_  
(b) with the first instalment being paid on (insert date): \_\_\_\_\_
3. To continue such payment of instalments until our attendance dues account is paid in full.

**Signed:** \_\_\_\_\_  
Parent/Caregiver

**Signed:** \_\_\_\_\_  
Parent/Caregiver

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

**Signed:** \_\_\_\_\_

(print name): \_\_\_\_\_

Attendance Dues Adviser

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