

## **Greyton House Village School Application for Financial Assistance**

Confidential statement of financial circumstances in support of an application for Financial Assistance

Please complete and return to the school as soon as possible

SECTION A   CHILD'S DETAILS					
SURNAME					
FULL NAME					
PREFERRED NAME					
AGE					
DATE OF BIRTH					
APPLICATION FOR GRADE					
CURRENT GRADE					
NAMES & GRADES OF SIBLINGS					
SCHOOL THAT SIBLINGS ATTEND					
SECTION B   FEE PAYING PARENT/GUARDIAN/CAREGIVER INFORMATION					
	PARENT/GUARDIAN	PARENT/GUARDIAN			
NAME OF PARENT/GUARDIAN					
IDENTIFICATION NUMBER					
PHYSICAL ADDRESS					
CELLPHONE NUMBER					
HOME TELEPHONE					
OCCUPATION					
NAME OF EMPLOYER					
WORK TELEPHONE					
SECTION C   FINANCIAL ASSISTANCE BEING RECEIVED					
ARE FEES BEING PAID IN PART OR FULL BY ANYONE OTHER THAN PARENTS? IF YES KINDLY COMPLETE DETAILS					
	A	В			
IF YES KINDLY COMPLETE BELOW:					

NAME & SURNAME		
IDENTIFICATION NUMBER		
CELLPHONE NUMBER		
WORK TELEPHONE		
EMAIL ADDRESS		
RELATIONSHIP TO CHILD		
•	SECTION D   LEVEL OF ASSISTANCE F	REQUIRED
25%	33%	50%
66%	75%	
	SETS & LIABILITIES (APPROXIMATE C	
PLEASE ATTACH A COPY OF YOUR LATE:	ST INCOME TAX ASSESSMENT(S) AND YOUR RECENT PAYSLIF STATEMENT	P(S) OR AN ACCOUNTANT'S CERTIFICATE OR FINANCIAL
	PARENT/GUARDIAN	PARENT/GUARDIAN
	FIXED PROPERTY	
ADDRESS 1		
CURRENT MARKET VALUE		
ADDRESS 2		
CURRENT MARKET VALUE		
TOTAL FIXED PROPERTY		
	INVESTMENTS	
SHARES IN OWN CO/CC/BUSINESS		
LOANS TO OWN CO/CC/BUSINESS		
QUOTED SHARES/UNIT TRUSTS		
SAVINGS & DEPOSITS		
BANK BALANCE		
TOTAL INVESTMENTS		
	MOVEABLE ASSETS	
VEHICLE 1: MAKE & YEAR		
CURRENT MARKET VALUE		
VEHICLE 2: MAKE & YEAR		
CURRENT MARKET VALUE		
HOUSEHOLD FURNITURE		
OTHER ASSETS		
TOTAL ASSETS		

	LIABILITIES	
BOND(S) ON FIXED PROPERTY		
BANK OVERDRAFT		
CREDIT CARDS		
HP AGREEMENTS		
OTHER LOANS		
CREDITORS		
TOTAL LIABILITIES		
NET WORTH (ASSETS MINUS LIABILITIES)		
SECTION	F   STATEMENT OF MONTHLY INCOM	
	PARENT/GUARDIAN	PARENT/GUARDIAN
	INCOME	
GROSS MONTHLY SALARY		
NET MONTHLY SALARY		
BUSINESS PROFITS/COMMISSIONS		
PENSIONS/ANNUITIES		
DIVIDENDS, INTEREST		
RENTAL INCOME		
OTHER INCOME (GRANTS, ETC)		
TOTAL MONTHLY INCOME		
	EXPENSES	
RENT/MORTGAGE BOND		
RATES, ELECTRICITY, WATER		
LIFE INSURANCE PREMIUMS		
HOUSEHOLD INSURANCE		
MOTOR INSURANCE		
TELEPHONES		
HOUSEKEEPING		
PETROL/TRANSPORT		
ENTERTAINMENT		
HPS/LOANS		
EDUCATION		
OTHER EXPENSES (SPECIFY)		

TOTAL MONTHLY EXPENSES	
NET SURPLUS / (DEFICIT)	

## I/We declare that:

- · To the best of my/our knowledge and belief this is a true and correct statement;
- · My/Our assets are not encumbered nor ceded other than as stated herein;
- · I/We shall advise the Head should my/our financial position improve;
- · I/We shall treat any financial assistance I/we might receive as being strictly confidential;
- · If my/our child is awarded assistance, I/we agree to sign a monthly debit order authorization;
- · I/We undertake to re-apply annually if assistance is granted;
- · I/We undertake to volunteer a minimum of 30 hours of our time per year to assist with school events and fundraising.

	PARENT/GUARDIAN	PARENT/GUARDIAN
SIGNATURE OF PARENT/GUARDIAN		