

## APPLICATION FOR ASSISTANCE WITH ATTENDANCE DUES

Please ensure that both sections are completed.

### SECTION A: (THIS SECTION TO BE COMPLETED BY PARENT/CAREGIVER)

<b>Name of Parent/Caregiver:</b>									
<b>Address</b>									
<b>Telephone No: (Day Time)</b>									
<b>NZSDAS 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> </tr> </table>								

Name(s) of Child/Children	School	Year level	Office Use Only

<b>Why are you seeking assistance? Please provide brief details...</b>

<b>Are there any Attendance Dues outstanding from previous years?</b>	(Please circle one)	<b>Yes</b>	<b>No</b>
<b>If 'Yes' please state, the amount outstanding:</b>		<b>\$</b>	
<b>Is there an existing arrangement in place for clearing this debt?</b>	(Please circle one)	<b>Yes</b>	<b>No</b>
<b>If YES', what is the amount and timeframe?</b>			

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

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

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

**SECTION B: (THIS SECTION MUST BE COMPLETED BY THE PRINCIPAL)**

Comments in support of this application....

Actual value of recommended assistance (General or Short Term): 25% / 50% / Other?

\$

Please attach a completed Automatic Payment authority with this form.

(Form attached?)

Yes

No

*If there are Attendance Dues outstanding from previous years, has this been taken into consideration?*

Comments:

Signed:

*Principal*

Date:

Please return this form with the necessary attachments to: [attendancedues@adventist.org.nz](mailto:attendancedues@adventist.org.nz)

Or email to:

Annie Tomokino email address: [annietomokino@adventist.org.nz](mailto:annietomokino@adventist.org.nz)

Or post to:

**Attendance Dues Officer**  
**New Zealand Seventh-day Adventist Schools Association**  
**Private Bag 94200**  
**Howick**  
**AUCKLAND 2145**

**ATTENDANCE DUES OFFICER ONLY**

Date Received:

Date Referred to NZSDASA Board

Application Approved

Yes / No

Ed Director's Signature

Letter sent:

Copy to Principal sent

Yes / No

Credit processed:

# Payment Plan Agreement Form 2020

## Purpose of this Application

By electing to enrol your child in an Adventist school and filling in this form, you are committing to making regular payments towards Attendance Dues. This application is aimed at creating a reasonable, workable schedule for the payment of the Attendance Dues which are your legal obligation.

**\*\*\* Please ensure that you complete all questions below \*\*\***

### Personal Details of Applicant

### Account Details

**1 Your Last Name or Family Name**

**6 Account Code**

(Ask school or ring 0800 469 3837 for details)

**2 Your First Name or Given Name(s)**

**7 I commit to pay:** (see Payment Plan Guideline below)

Tick only one and fill in the amount you commit to pay.

**3 Postal Address**

Street \_\_\_\_\_

Suburb \_\_\_\_\_

City \_\_\_\_\_

Postcode \_\_\_\_\_

Weekly  Amount \$ \_\_\_\_\_

Fortnightly  Amount \$ \_\_\_\_\_

Monthly  Amount \$ \_\_\_\_\_

Per Term  Amount \$ \_\_\_\_\_

**4 Email Address**

**8 Date of First Payment**

**5 Telephone Numbers**

Daytime \_\_\_\_\_

Mobile \_\_\_\_\_

Signed

Date

Enrolment in the school cannot be confirmed until this signed form has been returned to the school.

### Payment Plan Guideline

Payments of Attendance Dues to be made out to: *The New Zealand Seventh-day Adventist Schools Association*. Where this is not possible, the options are to pay weekly, fortnightly or monthly in advance over the 10 school weeks of each term. **We reserve the right to direct your child's principal to cancel enrolment for next school term where Attendance Dues payments are not up to date.**

Frequency of Payment	Amount to pay per student Years 1 – 8	Amount to pay per student Years 9 – 13
Annually (in advance)	\$570.00	\$790.00
Per Term (in advance)	\$142.50	\$197.50
Monthly (in advance)	\$57.00	\$79.00
Fortnightly (in advance)	\$28.50	\$39.50
Weekly (in advance)	\$14.25	\$19.75

### Regularly Payment Agreement

- Processing Direct Debit or Automatic Banking
- Regular Cash Payments to the school
- Electronic payment directly to the Proprietor

Signed \_\_\_\_\_

Electronic Banking Payments are to be made to:

- The NZ SDA Schools Association - Bank Account number 030175 0182096 02
- Use your Account Reference (see Account Code above) and Student Last Name as reference.
- 

For NZ SDA Schools Association Office Use Only

Approved

Yes

No

Date Entered

Copy to School / Client / NZSDASA