



St. Catherine's Elementary School

20244 32 Avenue, Langley BC V2Z 2E1

Tel: 604-534-6564; Fax: 604-534-4871

www.stcatherines.ca

COVID 19 Tuition Assistance Form

We recognize that some families have been impacted financially by the economic dislocation caused by COVID 19 and wish to emphasize to our families that we are here to help. Our commitment to you and our desire is that all families remain part of our Catholic schools for the remainder of this school year. Surviving *and* thriving through this will require everyone's sacrifice and service to one another.

We are looking at every opportunity to reduce costs (without compromising the quality of education) to free up resources to provide tuition assistance to families impacted financially by this crisis.

If your financial circumstances have changed significantly as a result of COVID 19 and you are unable to pay your tuition, please write to [Name of principal] and the Education Committee Chair [name of chair] and we will work with you on an appropriate plan to defer tuition fees in whole or in part. We do not want anyone to withdraw from the school should they be unable to pay tuition.

Please complete and return this application via e-mail to:

Jeff Brophy at jbrophy@stcatherines.ca and Cara Hudson at pec@stcatherines.ca

First name: _____ Surname: _____

Preferred Phone: _____ Email: _____

Names and grades of your child(ren) enrolled at [name of school].

Name	Grade

Check as appropriate

Option

- | | |
|--------------------------|---|
| <input type="checkbox"/> | To pay the balance of my April-June tuition in equal payments on the first of the month between now and 1 August. |
| <input type="checkbox"/> | To pay the balance of my April-June tuition in equal payments with payments on the 1 st and 15 th of each month to 30 August. |
| <input type="checkbox"/> | To reduce my monthly tuition payment for April-June to \$ _____ per month and work with the school on a payment schedule for the balance. |
| <input type="checkbox"/> | Other tuition relief (please explain below) |

I/we confirm that I/we have had a major loss of family income due to COVID 19 and have either been laid off, lost employment, or (if self-employed or small business owner) have lost income.

Father: _____ Mother: _____

Signature

Signature

We ask that families provide a Record of Employment or notice of layoff from their employer.

For Office Use

Date Submitted	
Date Reviewed by COVID Tuition Assistance Relief Committee	
Decision	

