



St Andrew's College COVID-19 Relief Fund Application Declaration

I declare that, to the best of my knowledge, all information provided in the COVID-19 Relief Fund Application Form and the supporting documents submitted are true and correct and agree that I have a continuing obligation to advise St Andrew's College if there is a change in my circumstances.

I understand that St Andrew's College may decline to assess my application if all information requested is not provided to the College.

I understand that the final decision about the awarding of financial support remains at the discretion of the Principal.

Signed

Date

Name

Signature (Parent or Guardian 1)

Date

Name

Signature (Parent or Guardian 2)

Date

Name