



TO BE COMPLETED BY INDIVIDUAL PAYING FOR NIGHT CLASS FEES

Department of Social Community and Family Affairs
Millennium Buildings
Alphonsus Road
Dundalk
Co Louth

The individual named below is enrolling on our night class programme. Could you please verify that s/he/they are in receipt of a social welfare payment to qualify for a 20% discount/refund on fees.

Kind Regards

Karen Varley
Karen Varley
Acting Director Adult Education

Name	_____
PPSN	_____
Course/s	_____

*****To be completed by Department Representative*****

I verify that the individual above is in receipt of a social welfare payment and is therefore entitled to a 20% reduction of fees.

Signed: _____

Date: _____

