

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.

Name		
PPSN		
Course/s		
******	**************************************	****
I verify that the fees.	e individual above is in receipt of a social welfare payment and is therefore entitled to a 20% reduct	tion of
Signed:		
Date:		



Kind Regards

Acting Director Adult Education

