



TO BE COMPLETED FOR **INDIVIDUALS** PAYING FOR EVENING CLASSES.

Department of Social, Community and Family Affairs

Address: North Quay
Drogheda
Co Louth

The individual named below is enrolling on our Evening Class programme. Could you please verify that s/he is in receipt of Social Welfare Benefit to qualify for a 30% refund on fees paid.

Regards

*Eilis Flood
Director of Adult Education*

Name _____

PPSN _____

Course(s) _____

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

I verify that that the person named above is in receipt of
Social Welfare benefit and therefore entitled to a 30% refund of fees paid.



Signed _____ Date _____