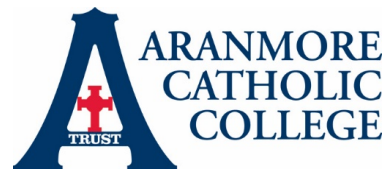


CONFIDENTIAL



REQUEST FOR REDUCTION OF SCHOOL FEES 2019

CATHOLIC EDUCATION POLICY ON FEE REDUCTIONS

As a matter of justice to those parents who meet their fee obligations often at considerable personal sacrifice, we feel you should consider carefully what sort of sacrifice you can make to meet the cost of educating your children and supporting the College in other ways.

Aranmore Catholic College Board

This fully completed form together with a copy of the last payslip and Tax Assessment OR Social Security (Centrelink) statement notice should be returned to:

Accounts Receivable
Aranmore Catholic College
PO BOX 223
Leederville 6903

Details of Parents or Guardians

MOTHER / GUARDIAN 1

Family Name: _____ First Name: _____ Occupation: _____

Address: _____ Telephone: _____

FATHER / GUARDIAN 2

Family Name: _____ First Name: _____ Occupation: _____

Address: _____ Telephone: _____

Marital Status of Applicant: Married / Widowed / Divorced / Separated / Other _____

OFFICE USE ONLY:

Date of Review: / /

DF KEY: _____

Students attending Aranmore Catholic College:

Name	Year	Name	Year
1: _____	_____	2: _____	_____
3: _____	_____	4: _____	_____

Other Dependent Children

Name	School Attending	Year	School Fees (pa)
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____

Have you asked for a fee reduction from other children's school? Yes / No

1. PAYSリップ ATTACHED
2. LAST TAX RETURN ASSESSMENT ATTACHED
3. FINANCIAL DETAILS COMPLETED

I/We _____ hereby declare that in order for my/our child/children to attend Aranmore Catholic College in 2018, Fee Rebate assistance is required as I/we do not have the capacity to pay full fees and charges.

IMPORTANT Reminder:

This application MUST be accompanied with

1. Payslips
2. A copy of your last tax assessment notice

DECLARATION

I make this declaration conscientiously, believing the statements contained therein to be true in every particular.

APPLICANT 1 SIGNATURE: _____ DATE: ____/____/____

APPLICANT 2 SIGNATURE: _____ DATE: ____/____/____

<p style="text-align: center;">This section MUST be completed</p> <p>FEE REDUCTION REVIEW DETAILS</p> <p>How will you be paying the annual amount?: Weekly / Fortnightly / Monthly</p> <p>What Payment Plan Option will you use (Discounts are required to have an ongoing plan)</p> <p><input type="checkbox"/> Centrepay deductions <input type="checkbox"/> Direct Debit <input type="checkbox"/> Credit Card deductions</p> <p>Please attached the completed payment option form</p>

PLEASE CAREFULLY AND FULLY COMPLETE THE FINANCIAL STATEMENT AND DECLARATION

Do you hold one of the following cards?

Pensioner Health Benefits and Concession Card Health Benefits Card Health Care Card

Average Monthly Sources of Income

Please provide details of all income

Drawings from Business		\$ _____
Wages/Salary (including overtime)	Self	\$ _____
	Spouse	\$ _____
Pensions	Self	\$ _____
	Spouse	\$ _____
Family Allowance		\$ _____
Home Child Care Allowance		\$ _____
Austudy		\$ _____
Contributions paid by Family Members (eg Boarding)		\$ _____
Child support/Maintenance		\$ _____
Other (eg Rent, Interest)		\$ _____
Total Income		\$ _____

Average Monthly Expenses

Please provide details of expenses

Rent/board/other accommodation (not including liabilities)	\$ _____
Please estimate other monthly expenses, eg food, fuel rates and regular expenses	\$ _____
Add monthly commitment from Liabilities Listing below *	\$ _____
Total gross monthly expenses	\$ _____

Assets (Individual or Joint)

Please provide details of the assets and investments

Property	\$ _____
Vehicles	\$ _____
Household items (e.g. furniture, jewellery-Insured valued	\$ _____
Other assets/investments (e.g. shares)	\$ _____
Please provide total of all savings	\$ _____
Total Assets	\$ _____

Liabilities (Individual or Joint)

Lender/store	Card/loan type	Card limit (credit/store cards only)	Amount Owing	Minimum monthly repayment
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
Total Liabilities				*\$ _____

