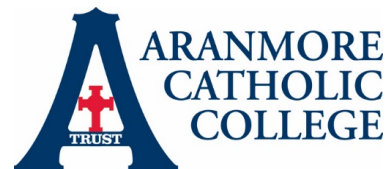


**CONFIDENTIAL**



## REQUEST FOR REDUCTION OF SCHOOL FEES 2023

### 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 Advisory Council

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 2022, 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;"><b>This section MUST be completed</b></p> <p><b>FEE REDUCTION REVIEW DETAILS</b></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><b>Please attached the completed payment option form</b></p>
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**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)		\$ _____
<b>Total Income</b>		<b>\$ _____</b>

**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 *	\$ _____
<b>Total gross monthly expenses</b>	<b>\$ _____</b>

**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	\$ _____
<b>Total Assets</b>	<b>\$ _____</b>

**Liabilities (Individual or Joint)**

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

