CONFIDENTIAL

ARANMORE CATHOLIC COLLEGE

REQUEST FOR REDUCTION OF SCHOOL FEES 2026

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 your last payslips and the Australian Taxation Office's "Notice of Assessment – year ended 30 June 2025" AND/OR Social Security (Centrelink) latest "Statement" should be returned to:

Accounts Receivable
Aranmore Catholic College
PO Box 223
LEEDERVILLE WA 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

I / We _____ hereby declare that in order for my / our child / children to attend Aranmore Catholic College in 2026, Fee Rebate assistance is required as I / we do not have the capacity to pay full fees and charges.

Have you attached a copy of your latest

1. **Payslips and/or Social Security (Centrelink) Statements**
2. **Australian Taxation Office "*Notice of Assessment – year ended 30 June 2025*"**

Have you completed all your Financial Details on Page 3 of this Form

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

MOTHER/GUARDIAN SIGNATURE: _____ DATE: ___/___/___

FATHER/GUARDIAN SIGNATURE: _____ DATE: ___/___/___

This section MUST be completed.

A Direct Debit Payment Plan will be required if fee assistance is provided

How will you be paying? ☐ Weekly ☐ Fortnightly ☐ Monthly

What Payment Plan Option will you use?

☐ Centrepay deductions ☐ Direct Debit ☐ Credit Card deductions

☐ I have attached the appropriate Direct Debit Payment Plan Form

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 Childcare 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 (eg. furniture, jewellery-Insured valued)	$ _____
Other assets / investments (eg. 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				***$**

Short Summary of your family situation

OFFICE USE ONLY

RECOMMENDATION:

Full Fees		$	
Less Special Discount		$	
Annual Amount		$	
Repayment Method		$	Weekly / fortnightly / monthly

Authorising Officer: _____

Authorising Officers Signature: _____ Date: _____/_____/_____