
INFORMATION FOR PARENTS – APPLICATION FOR FEE CONCESSIONS

Low-income families, or families experiencing financial difficulties due to temporary exceptional circumstances may apply for school fee concessions. In line with the Catholic Education Archdiocese of Canberra and Goulburn (CECG) Archdiocese Fees Policy, no child is to be denied Catholic schooling because of an inability (as opposed to an unwillingness) of a parent/guardian to meet financial requirements.

We acknowledge that families must make choices and set priorities with respect to standards of living, investments, education and extra-curricular activities. We respect and understand that choosing a Catholic education reflects commitment to your child's well-being and personal growth in a non-governmental setting. At Merici College, we value this choice and want to ensure that financial concerns do not hinder your child's educational journey.

Fee concessions will normally apply to the academic year in which the application is submitted. Families are welcome to apply for concessionary fees each year as we understand that circumstances can change. The application for fee reduction should be submitted to the CECG school where your oldest child is enrolled.

Government Grants provide part of the funding required to operate the school. The balance of operating costs is met through school fees. It is important for our school's sustainability that families contribute to the best of their ability.

The Principal and CECG Finance will assess your application for fee concessions according to the School Fee Concessions Guide. If you are applying for fee concessions, you may be asked to meet to discuss your application with the Principal.

If you would like to apply for a reduction in fees please complete this form and return it to our Finance Manager, Jodi Wrenford at fees.office@merici.act.edu.au as soon as possible.

All applications and information provided are treated confidentially.

Anna Masters
Principal

CONFIDENTIAL

DETAILS OF APPLICANTS

Name of Mother/Guardian _____

Are you a single parent household YES/NO _____

Residential Address _____

Home Phone _____ Mobile _____

Occupation _____

Employer _____

Work Ph _____ Full time ☐ Part time ☐ Casual ☐

Name of Father/Guardian _____

Are you a single parent household YES/NO _____

Residential Address _____

Home Ph _____ Mobile _____

Occupation _____

Employer _____

Work Ph _____ Full time ☐ Part time ☐ Casual ☐

DETAILS OF DEPENDANT CHILDREN

Name	Date of Birth	School	Year Group	Annual School Fee Amount
LESS FAMILY DISCOUNT				
TOTAL SCHOOL FEE PAYABLE				

I/We request a reduction in fees because of:

Low income ☐ Health/Disability Issues ☐ Unemployment/Redundancy ☐

Other ☐ (Please specify in section 'Other Information').

If there is a payment arrangement with another school, please provide details:

Name of School _____ Fees per term _____

INCOME AND EXPENDITURE FOR HEALTH CARE CARD HOLDERS – ONLY COMPLETE Part A ALL OTHERS COMPLETE PART A and Part B			
<u>PART A – ALL APPLICANTS</u>		<u>PART B – NON-Health Care Card Applicants</u>	
<u>Wages for Mother/Guardian</u> \$ per fortnight Gross _____ Less: Tax _____ Less: Other Deductions (Please Specify) _____ Net wages (to equal bank deposit) _____	<u>Assets – what you own</u> \$ estimated value House _____ Vehicle/s _____ Superannuation _____ Investment Property _____ Share Portfolio _____ Investment Accounts _____ Other – (Please specify) _____ TOTAL ASSETS \$ _____		
<u>Wages for Father/Guardian</u> \$ per fortnight Gross _____ Less: Tax _____ Less: Other Deductions (Please Specify) _____ Net wages (to equal bank deposit) _____	<u>Liabilities – what you owe</u> \$ estimated value Home Loan _____ Car Loan _____ Credit card/s _____ Other loans _____ Other debts– (Please specify) _____ TOTAL LIABILITIES \$ _____		
<u>Other Income / Benefits</u> \$ per fortnight Centrelink /Family Assistance _____ Child Support _____ Income from Investments _____ Other _____ TOTAL INCOME before expenses \$ _____	NET ASSETS \$ _____ (Assets less liabilities) \$ _____		
<u>Expenses</u> \$ per fortnight Childcare _____ Medical Expenses _____ Rent/Mortgage/Board _____ Other expenses _____ (Please specify in section 'Other Information') _____ TOTAL EXPENSES \$ _____			
We require copies of the documents indicated only if a Health Care Card is not held(only those relevant to your financial situation).			
<input checked="" type="checkbox"/> Please cross or click on the box if completing electronically <input type="checkbox"/> Rent receipt or bank/financial institution statement showing mortgage balance and minimum repayment <input type="checkbox"/> Health Care Card or Pension Card <input type="checkbox"/> Taxation return and Tax assessment statement for the last year		<input type="checkbox"/> Income statement from Centrelink/Family Assistance Office <input type="checkbox"/> Bank financial institution statement showing cash balances for the last 4 weeks <input type="checkbox"/> Evidence of Child Support Payments <input type="checkbox"/> Pay slips (the last three)	
Please contact us if you need help completing the form or if you require access to a photocopier.			

If you are self-employed or a shareholder/director of a company that employs you, please contact us for details of the information we will require to allow us to assess your application.

We may require an interview to obtain further details to assess your application and we will get in touch with you if this becomes necessary.

OTHER INFORMATION

Please include in this section additional information relevant to your application. This may include but is not limited to, costs associated with any medical conditions, childcare costs or extraordinary circumstances. Please ensure supporting documentation is provided.

Other expenses – consider the following categories for preparing expenditure estimates.

\$ per fortnight

Household expenses

- Mortgage repayments
- Rent
- Council/Government Rates
- Body corporate levies
- Electricity
- Gas
- Insurance

Car expenses

- Loan/Lease Payments (eg car)
- Car registration
- Insurance (cars and other vehicles)
- Vehicle running costs (fuel)
- Vehicle servicing

Living expenses

- Groceries
- Household goods
- Store cards/ Afterpay or similar payments
- Internet
- Mobile Phone
- Streaming services (Netflix, Spotify etc)
- Health Insurance
- Other spending

DECLARATION

I/We declare and certify that all information contained in this Application is true and correct. I/We will immediately advise the school if my/our financial circumstances change so that the fees payable can be reassessed. I/ I/We acknowledge our commitment to paying the school fees, and understand that full fees will be due if an agreement with the school is not kept.

Name: _____

Name: _____

Signature _____

Signature _____

Date / /

Date / /

Please ensure you have attached all of the required documents listed above so we can assess your application.

OFFICE USE ONLY Health Care Card Sighted <input type="checkbox"/> All documents attached <input type="checkbox"/> Application Received by: Enrolment signed by: FAMILY ID _____	 Recommendation: _____ Amount Approved: _____ Date of Approval: _____ Approved by: Principal: _____ CECG Finance: _____
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