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## APPLICATION FOR FEE REDUCTION 2023

### Information for Parents / Guardians

Catholic Education in the Archdiocese of Canberra & Goulburn (CECG) is committed to assisting families experiencing significant financial difficulties with the payment of their child/ren's school fees. This is inline with the CECG Fees Policy where no child will be denied a Catholic education because of an inability (as opposed to an unwillingness) to pay full school fees.

Families experiencing financial difficulty are welcome to complete the attached application for fee reduction. Please note that this form is to be used whatever the reason for financial difficulty – including due to the financial impact of the COVID-19 pandemic.

Fee reductions are not, in the normal course of events, able to be provided to full fee paying visa students. If you are the parent/guardian of a full fee paying student and are financially impacted by COVID-19 resulting in an inability to pay full school fees, please complete this form and submit to your school. Your application will be reviewed by the Catholic Education Office.

It is recognised that families make choices and priorities with regards to their standard of living, investments, education and extra-curricular activities. The school considers that families who have chosen a Catholic Education believe it important and that fee payments will be prioritised accordingly.

Fee concession decisions will usually apply to fees in the year in which the application has been submitted and depending on the reason, will often be granted for the full year. A separate application will be required for concession requests in subsequent years (or on a term by term basis if requested). Families requesting fee assistance are requested to lodge their fee reduction applications at the beginning of each term or year as appropriate.

Any fee reductions granted as a result of the impact of the COVID-19 pandemic will be granted on a term by term basis only with a new application required at the beginning of each term. Applications for COVID-19 related fee reductions must be lodged by the Monday of the last week of term for which the remission is requested. Retrospective COVID-19 fee remissions will not be accepted.

Government Grants provide part of the funding required to operate CECG schools. The balance of operating costs must be found through school fees. The continued existence of CECG schools are dependent on parents paying the required level of fees. Every effort will be made by schools to recover fees from parents who are deemed to have the capacity to pay.

On the basis of the information provided in this form, the School's Fees Committee will determine an appropriate level of fee support based on guidelines provided by CECG. Please note however that only CECG can approve any fee reductions for full fee paying students. You may be asked to meet to discuss various aspects of your application. It is necessary that where you are granted a reduction in school fees that you commit to and maintain a suitable payment plan.

If you would like to apply for a reduction in fees please complete this form and return it to the school front office as soon as possible.

All applications and information provided is treated confidentially.

# APPLICATION FOR FEE REDUCTION

## CONFIDENTIAL

### DETAILS OF APPLICANTS

Name of Mother/Guardian _____		
Are you a single parent household YES/NO _____		
Residential Address _____ _____		
Home Ph _____	Mobile _____	
Occupation _____		
Employer _____		
Work Ph _____	Full time <input type="checkbox"/>	Part time <input type="checkbox"/> Casual <input type="checkbox"/>

  

Name of Father/Guardian _____		
Are you a single parent household YES/NO _____		
Residential Address _____ _____		
Home Ph _____	Mobile _____	
Occupation _____		
Employer _____		
Work Ph _____	Full time <input type="checkbox"/>	Part time <input type="checkbox"/> Casual <input type="checkbox"/>

### DETAILS OF DEPENDANT CHILDREN

Name	Date of Birth	School	Year Group

I/We request a reduction in fees because of:		
Low income <input type="checkbox"/>	Unemployment/Redundancy <input type="checkbox"/>	COVID-19 financial impacts <input type="checkbox"/>
Other <input type="checkbox"/> (Please specify in section 'Other Information').		

If there is a payment arrangement with another school, please provide details:	
Name of School _____	Fees per term paid under arrangement \$ _____

# APPLICATION FOR FEE REDUCTION

## FINANCIALS

<u>Wages for Mother/Guardian</u>	<u>\$ per fortnight</u>	<u>Assets – what you own</u>	<u>\$ estimated value</u>
Gross	_____	House	_____
Tax	_____	Vehicle/s	_____
Other Deductions (please specify)	_____	Superannuation	_____
<b>Net wages</b>	_____	Investment Property	_____
<u>Wages for Father/Guardian</u>	<u>\$ per fortnight</u>	Share Portfolio	_____
Gross	_____	Investment Accounts	_____
Tax	_____	Other – (Please specify)	_____
Other Deductions (please specify)	_____	<b>TOTAL ASSETS</b>	<b>\$ _____</b>
<b>Net wages</b>	_____	<u>Liabilities – what you owe</u>	<u>\$ estimated value</u>
<u>Other Income / Benefits</u>	<u>\$ per fortnight</u>	Home Loan	_____
Centrelink /Family Assistance	_____	Car Loan	_____
JobSeeker	_____	Credit card/s	_____
Child Support	_____	Other loans	_____
Other income (please specify)	_____	Other debts– (Please specify)	_____
<b>TOTAL NET INCOME (after tax and other deductions)</b>		<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>
<b>\$ _____</b>		<b>NET ASSETS</b>	
<u>Expenses</u>	<u>\$ per fortnight</u>	<b>(Assets less liabilities)</b>	<b>\$ _____</b>
Childcare	_____		
Medical Expenses	_____		
Rent/Mortgage/Board	_____		
Other extraordinary expenses (Please specify in section 'Other Information')	_____		

### We require copies of the listed documents (only those relevant to your financial situation).

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Please cross or tick the box   | <input type="checkbox"/> Income statement from Centrelink/Family Assistance Office                       |
| <input type="checkbox"/> Rent receipt or bank/financial institution statement showing mortgage balance and minimum repayment                       | <input type="checkbox"/> Bank/financial institution statement showing cash balances for the last 4 weeks |
| <input type="checkbox"/> Health Care Card or Pension Card or evidence of JobSeeker payment   | <input type="checkbox"/> Evidence of any deductions noted  |
| <input type="checkbox"/> Taxation return and Tax assessment statement for the last year (not relevant for COVID-19 related fee reduction requests) | <input type="checkbox"/> Pay slips (the last four)   |
|  | <input type="checkbox"/> Letter from employer confirming reduced hours or loss of job.                   |

### 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: \_\_\_\_\_  
Signature \_\_\_\_\_

Name: \_\_\_\_\_  
Signature \_\_\_\_\_

Date     /     /

Date     /     /

# APPLICATION FOR FEE REDUCTION

## 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.

[illegible]**OFFICE USE ONLY**Pension/health care card sighted ☐

All documents attached ☐

Application received by:

Enrolment signed by:

**FAMILY ID:** \_\_\_\_\_

Recommendation: \_\_\_\_\_

Fee reduction approved: \$ \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Approved by Fees Review Committee members:

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_