
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 <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	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					
<p><u>PART A – ALL APPLICANTS</u></p> <p><u>Wages for Mother/Guardian</u> \$ per fortnight</p> <p>Gross _____</p> <p>Less: Tax _____</p> <p>Less: Other Deductions (Please Specify) _____</p> <p>Net wages (to equal bank deposit) _____</p> <p><u>Wages for Father/Guardian</u> \$ per fortnight</p> <p>Gross _____</p> <p>Less: Tax _____</p> <p>Less: Other Deductions (Please Specify) _____</p> <p>Net wages (to equal bank deposit) _____</p> <p><u>Other Income / Benefits</u> \$ per fortnight</p> <p>Centrelink /Family Assistance _____</p> <p>Child Support _____</p> <p>Income from Investments _____</p> <p>Other _____</p> <p>TOTAL INCOME before expenses \$ _____</p> <p><u>Expenses</u> \$ per fortnight</p> <p>Childcare _____</p> <p>Medical Expenses _____</p> <p>Rent/Mortgage/Board _____</p> <p>Other expenses _____ (Please specify in section 'Other Information')</p> <p>TOTAL EXPENSES \$ _____</p>	<p><u>PART B – NON-Health Care Card Applicants</u></p> <p><u>Assets – what you own</u> \$ estimated value</p> <p>House _____</p> <p>Vehicle/s _____</p> <p>Superannuation _____</p> <p>Investment Property _____</p> <p>Share Portfolio _____</p> <p>Investment Accounts _____</p> <p>Other – (Please specify) _____</p> <p>TOTAL ASSETS \$ _____</p> <p><u>Liabilities – what you owe</u> \$ estimated value</p> <p>Home Loan _____</p> <p>Car Loan _____</p> <p>Credit card/s _____</p> <p>Other loans _____</p> <p>Other debts– (Please specify) _____</p> <p>TOTAL LIABILITIES \$ _____</p> <p>NET ASSETS _____</p> <p>(Assets less liabilities) \$ _____</p>				
<p>We require copies of the documents indicated only if a Health Care Card is not held(only those relevant to your financial situation).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <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 </td> <td style="width: 50%; border: none; vertical-align: top;"> <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) </td> </tr> </table>				<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)
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<p>Please contact us if you need help completing the form or if you require access to a photocopier.</p>					

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.

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