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## 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](mailto: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   |  |               |  |
|--|--|---------------|--|
| <b>PART A</b>  |  | <b>PART B</b> |  |
| <b><u>Wages for Mother/Guardian</u></b> <span style="float: right;"><b>\$ per fortnight</b></span><br>Gross _____<br>Less: Tax _____<br>Less: Other Deductions (Please Specify) _____<br><b>Net wages</b> (to equal bank deposit) _____<br><br><b><u>Wages for Father/Guardian</u></b> <span style="float: right;"><b>\$ per fortnight</b></span><br>Gross _____<br>Less: Tax _____<br>Less: Other Deductions (Please Specify) _____<br><b>Net wages</b> (to equal bank deposit) _____<br><b><u>Other Income / Benefits</u></b> <span style="float: right;"><b>\$ per fortnight</b></span><br>Centrelink /Family Assistance _____<br>Child Support _____<br>Income from Investments _____<br>Other _____<br><b>TOTAL INCOME before expenses</b> <span style="float: right;"><b>\$</b> _____</span><br><br><b><u>Expenses</u></b> <span style="float: right;"><b>\$ per fortnight</b></span><br>Childcare _____<br>Medical Expenses _____<br>Rent/Mortgage/Board _____<br>Other expenses _____<br>(Please specify in section 'Other Information') _____<br><b>TOTAL EXPENSES</b> <span style="float: right;"><b>\$</b> _____</span> | <b><u>Assets – what you own</u></b> <span style="float: right;"><b>\$ estimated value</b></span><br>House _____<br>Vehicle/s _____<br>Superannuation _____<br>Investment Property _____<br>Share Portfolio _____<br>Investment Accounts _____<br>Other – (Please specify) _____<br><b>TOTAL ASSETS</b> <span style="float: right;"><b>\$</b> _____</span><br><br><b><u>Liabilities – what you owe</u></b> <span style="float: right;"><b>\$ estimated value</b></span><br>Home Loan _____<br>Car Loan _____<br>Credit card/s _____<br>Other loans _____<br>Other debts– (Please specify) _____<br><b>TOTAL LIABILITIES</b> <span style="float: right;"><b>\$</b> _____</span><br><br><b>NET ASSETS</b> <span style="float: right;"><b>\$</b> _____</span><br><b>(Assets less liabilities)</b> <span style="float: right;"><b>\$</b> _____</span> |               |  |
| <b>We require copies of the documents indicated (only those relevant to your financial situation).</b>   |  |               |  |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Please cross or click on the box if completing electronically         </div> <div style="width: 50%;"> <input type="checkbox"/> Income statement from Centrelink/Family Assistance Office         </div> <div style="width: 50%;"> <input type="checkbox"/> Rent receipt or bank/financial institution statement showing <b>mortgage</b> balance and <b>minimum</b> repayment         </div> <div style="width: 50%;"> <input type="checkbox"/> Bank financial institution statement showing cash balances for the last 4 weeks         </div> <div style="width: 50%;"> <input type="checkbox"/> Health Care Card or Pension Card         </div> <div style="width: 50%;"> <input type="checkbox"/> Evidence of Child Support Payments         </div> <div style="width: 50%;"> <input type="checkbox"/> Taxation return and Tax assessment statement for the last year         </div> <div style="width: 50%;"> <input type="checkbox"/> Pay slips (the last three)         </div> </div>                            |  |               |  |

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 is necessary.

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]

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/ 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 \_\_\_\_\_

Date        /        /

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

## APPLICATION FOR FEE REDUCTION

|   |  |
|---|--|
| <p><b>OFFICE USE ONLY</b></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><b>FAMILY ID</b> _____</p> | <p>Recommendation: _____</p> <p>Amount Approved: _____</p> <p>Date of Approval: _____</p> <p>Approved by:</p> <p>Principal: _____</p> <p>CECG Finance: _____</p> |
|---|--|