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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 understand that choosing a Catholic education reflects commitment to your child's well-being and personal growth in a non-governmental setting. At our school, we value these choices but expect that, except in cases of hardship as defined below, payment of school fees will be prioritised.

An inability to meet financial obligations is not self-assessable and by completing the attached form, and supplying all the required documentation, CECG will be able to perform the assessment equitably and fairly.

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. Decisions reached by the school will be applied to all your children enrolled in CECG Primary and Secondary schools.

Government Grants provide only 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 with the Principal, School Business Manager or Fees Officer (as applicable) to discuss your application.

To ensure timely processing and accurate assessment, applications for fee concessions must be submitted within **four weeks of the initial request**. This timeframe ensures that supporting documentation is current and allows assistance to be assessed as soon as the need is identified.

Failure to submit within this timeframe will require a **new application with updated documentation**, and retrospective fee assistance for previous terms **may not be granted**.

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 <input type="checkbox"/> NO <input type="checkbox"/>	
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 ALL DEPENDANT CHILDREN (include pre-school AND post-Secondary children who are legally dependent)

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 are payment arrangements with other schools, please provide details:

Name of School \_\_\_\_\_ Fees per term \_\_\_\_\_

Name of School \_\_\_\_\_ Fees per term \_\_\_\_\_

# APPLICATION FOR FEE REDUCTION

## INCOME AND EXPENDITURE

HEALTH CARE CARD, LOW INCOME HEALTH CARE CARD and PENSIONER CONCESSION CARD HOLDERS - Provide a certified copy of the *front and back* of the applicant's (not the student's) card and Centrelink Income Statement.

ALL OTHERS COMPLETE PART A and PART B and attach supporting documentation as detailed below

<u>PART A</u>	<u>PART B</u>
<b>\$ per fortnight</b>	<b>\$ estimated value</b>
<b><u>Wages for Mother/ Guardian</u></b>	<b><u>Assets - what you own</u></b>
Gross _____	House _____
Less: Tax _____	Vehicle/ s _____
Less: Other Deductions (Please Specify) _____	Superannuation _____
<b>Net Wages</b> (to equal bank deposit) _____	Investment Property _____
	Share Portfolio _____
	Investment Accounts _____
	Other (Please Specify) _____
	<b>TOTAL ASSETS</b> \$ _____
<b>\$ per fortnight</b>	<b>\$ estimated value</b>
<b><u>Wages for Father/ Guardian</u></b>	<b><u>Liabilities - what you owe</u></b>
Gross _____	Home Loan _____
Less: Tax _____	Car Loan/ s _____
Less: Other Deductions (Please Specify) _____	Credit Card/ s _____
<b>Net Wages</b> (to equal bank deposit) _____	Other Loans _____
	Other Debts (Please Specify) _____
	<b>TOTAL LIABILITIES</b> \$ _____
	<b>NET ASSETS</b> \$ _____
	(Assets less Liabilities)
<b>\$ per fortnight</b>	
<b><u>Other Income/ Benefits</u></b>	
Centrelink/ Family Assistance _____	
Child Support _____	
Income from Investments _____	
Other (Please Specify) _____	
<b>TOTAL after TAX INCOME before expenses</b> \$ _____	
<b>\$ per fortnight</b>	
<b><u>Expenses</u></b>	
Childcare _____	
Medical Expenses _____	
Rent/ Mortgage/ Board _____	
Other Expenses _____	
(Please specify in section 'Other Information)	
<b>TOTAL EXPENSES</b> \$ _____	

**We require copies of ALL the below indicated documents relevant to your situation, if a Health Care Card or a Low Income Health Care Card or a Pensioner Concession Card is not held. PLEASE NOTE: schools may request additional documentation from holders of the cards mentioned, if deemed necessary to fully assess the application. Failure to submit the documentation in accordance with the timelines stipulated may lead to the termination of the application process.**

- |   |  |
|---|--|
| <input type="checkbox"/> Please cross or click on the box if completing electronically  | <input type="checkbox"/> Rent receipt or bank/financial institution statement showing <b>mortgage</b> balance and <b>minimum</b> repayment |
| <input type="checkbox"/> Health Care Card or Low Income Health Care Card or Pensioner Concession Card and Income statement from Centrelink/Family Assistance Office | <input type="checkbox"/> All Bank financial institution and Credit Card statements for the last three (3) months                           |
| <input type="checkbox"/> Evidence of Child Support Payments   | <input type="checkbox"/> Taxation return and Tax assessment statement for the last year  |
| <input type="checkbox"/> Pay slips (the last three (3))   |  |

**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.

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# APPLICATION FOR FEE REDUCTION

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

**\$ per fortnight**

<b>Household expenses</b>		
	Mortgage repayments	
	Rent	
	Council/Government Rates	
	Body corporate levies	
	Electricity	
	Gas	
	Insurance	
<b>Car expenses</b>		
	Loan/Lease Payments (eg car)	
	Car registration	
	Insurance (cars and other vehicles)	
	Vehicle running costs (fuel)	
	Vehicle servicing	
<b>Living expenses</b>		
	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.**

# APPLICATION FOR FEE REDUCTION

<p><b>OFFICE USE ONLY</b></p> <p>Eligible Card Sighted <input type="checkbox"/></p> <p>All documents attached <input type="checkbox"/></p> <p>Total After Tax Income \$ _____</p> <p>Fee Reduction per Reduction Table _____</p> <p>Application Received by: _____</p> <p>Enrolment signed by: _____</p> <p><b>DEBTOR 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> <p><input type="checkbox"/> Copy of finalised application uploaded into TechOne Debtor Ledger Attachments</p>
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