



CONFIDENTIAL APPLICATION FOR FEES ASSISTANCE

This form is a request to vary your annual fee commitment to St Peter Chanel Catholic School

In keeping with the Catholic identity of the School/College, that no child should be denied education due to low income and financial hardship, all requests for fee assistance will be considered. In fairness to all full fee paying families, you are requested to complete this form so that a balanced assessment of your financial situation can be made. All information provided is treated with the strictest of confidence.

Following receipt of this application you will be invited to an interview with a delegate of the School/College.

In order to consider your application, the School/College will require the following information:

- Completed and signed application for fees assistance
- Copies of your most recent income tax return and notice of assessment;
- Copies of your last three pay slips;
- Copies of Centrelink statements; and
- Copy of the most recent bank statement for accounts held.

Where the School/College has asked for this information and it is not provided, the School/College may choose to offer a lower level of remission, or may not offer a remission at all.

Personal Details – Parent/Guardian 1

Title Given name (s)

Surname

Current Residential Address

Contact Number (Business Hours)

Email Address

Occupation

Employer

My employment is: (please circle)

Personal Details – Parent/Guardian 2

Title Given name (s)

Surname

Current Residential Address

Contact Number (Business Hours)

Email Address

Occupation

Employer

My employment is: (please circle)

Financial Information

All information provided is strictly confidential

ASSETS (please list your current assets eg house, car, boat, shares, other property)	Value
	\$
	\$
	\$

LIABILITIES (please list your current liabilities eg mortgages, credit cards, personal loans)	Value
	\$
	\$
	\$

GROSS ANNUAL INCOME	Parent/Guardian 1	Parent/Guardian 2
Employees (record your gross annual income)	\$	\$
Self-employed (record gross annual income on assessment notice)	\$	\$

Monthly Income Details

TOTAL FAMILY INCOME (monthly)	Parent/Guardian 1	Parent/Guardian 2
Salary/Wages after tax (please attach last 3 payslips)	\$	\$
Pension/Benefit/Child Support (please attach Centrelink statement)	\$	\$
Self-Employed income	\$	\$
Other Income (please provide detail)	\$	\$
TOTAL MONTHLY INCOME	\$	\$

Monthly Expenditure Details

TOTAL FAMILY EXPENSES (monthly)	Parent/Guardian 1	Parent/Guardian 2
Rent	\$	\$
Mortgage Repayments	\$	\$
Other Loan Repayments (please provide detail - car, personal loan)	\$	\$
-	\$	\$
Electricity	\$	\$
Council Rates	\$	\$
Water	\$	\$
Phone (home & mobile)	\$	\$
Property Insurance (home/car)	\$	\$
Health Insurance	\$	\$
Food	\$	\$
Petrol	\$	\$
Car Registration	\$	\$
School Fees (other than this School/College)	\$	\$
Other (please provide detail)	\$	\$
-	\$	\$
-	\$	\$
-	\$	\$
-	\$	\$
TOTAL MONTHLY EXPENSES	\$	\$

PAYMENT DETAILS			
Based on the details provided I consider I am in a position to pay \$_____ per month / fortnight / week			
Preferred method of payment:	<input type="checkbox"/> Direct Debit	<input type="checkbox"/> Bpay	<input type="checkbox"/> Centrepay
<input type="checkbox"/> Monthly Automatic Credit Card	<input type="checkbox"/> Through the School/College office (Eftpos/Cheque/Cash)		

ACKNOWLEDGEMENT BY APPLICANTS	
I/ We certify that all information provided is correct and that supporting documentation required has been provided. <i>(Applications cannot be considered until all the required information is received)</i>	
In addition I/We acknowledge the following:	
a) that the School/College recognises the need to provide a payment schedule that will help minimise the immediate financial burden;	
b) that as current parents or guardians we recognise our responsibility to the School/College and the requirement to make regular payments to the School/College;	
c) that any rebate agreed to is for the current year only and is conditional upon maintaining regular monthly payments as outlined by the committee for this year;	
d) that it is important to keep the School/College fully informed if circumstances change/improve;	
e) that tuition fees for future periods will need to be renegotiated at the beginning of each year;	
Signature of Parent/Guardian 1	Signature of Parent/Guardian 2
Date:	Date:

Office Use Only

Family No / Debtor Id No	Appointment for interview made on
<input type="text"/>	<input type="text"/>
Comments	
<input type="text"/>	
<u>Fees Sub-Committee/School/College Delegate recommendation:</u>	
Full Fees Payable	Annual Fees \$_____ Monthly Fees \$_____ (10 months)
Rebated Fees Approved	Annual Fees \$_____ Monthly Fees \$_____ (10 months)
Fees to be written off	Per Annum \$_____ Per Month \$_____ (10 months)

Signed for and on behalf of the School/College	
Signature:	Date: