

CONFIDENTIAL



Application for Fee Reduction/Remission

2017

APPLICATION FOR REDUCTION/REMISSION OF FEES

**This form is a request to vary your annual fee commitment to
Larmenier Catholic School**

In keeping with the ethos of the School that no child should be denied a Catholic education due to financial hardship, all requests for fee assistance will be considered. You are requested to complete this form so that a balanced assessment of your financial situation can be made.

THIS INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL

Following receipt of this application you will be invited to an interview with the Principal and/or the Business Manager.

When processing your application, the school may request to see supporting documentation such as recent payslips, Centrelink statements, and other evidence of income and debt. These documents will not be kept on record at the school. Where the school has asked for this information and it is not provided, the school may choose to offer a lower level of remission, or may not offer a remission at all.

Applicant:
(Given names) (Surname)

Street Address:

Suburb: Postcode:

Phone: (w) (h) (m)

Occupation:

Spouse/Partner:
(Given names) (Surname)

Street Address:

Suburb: Postcode:

Phone: (w) (h) (m)

Occupation:

Names of all dependent children	Age	School	Year/ Grade	Fees p.a. \$

Are any of the children listed above in receipt of financial assistance for education?

YES / NO

(If YES, please state source, e.g. Youth Allowance, Abstudy, Scholarship)

Source

Value (p.a.)

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\$.....

.....

\$.....

Have you applied for, or do you intend to apply for a fee reduction at another school?

YES / NO

(If YES, please indicate School and reduction received)

School

Remission (p.a)

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\$.....

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\$.....

What are your reasons for applying for a reduction of fees

(e.g. sole parent, unemployment, inability to earn a full income due to health problems)

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Please list your current assets:

(e.g. house, car, boat, shares, other property ie. shack/holiday home)

	Value
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

Please advise any further information which may be helpful in considering your application:

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Monthly Income and Expenditure details

Gross Family Income (monthly)

	Applicant	Spouse/Partner
Salary/Wages	\$	\$
Pension/Benefit/Child Support	\$	\$
Self-Employed income	\$	\$
Other Income (please detail)	\$	\$
TOTAL INCOME	\$	\$

Expenditure (monthly)

	Applicant	Spouse/Partner
Tax	\$	\$
Superannuation	\$	\$
Rent	\$	\$
Loans/Mortgage	\$	\$
Other Loans/Hire Purchase (eg. Car)	\$	\$
Council Rates	\$	\$
Other School Fees	\$	\$
Electricity/Gas/Water	\$	\$
Telephone	\$	\$
Health Insurance	\$	\$
Other Insurance (house, car, other)	\$	\$
Food	\$	\$
Clothing	\$	\$
Other	\$	\$
TOTAL EXPENDITURE	\$	\$

I am in a position to pay \$..... per week / fortnight / month

Commencing / /

Method of payment (*please circle*)

Cash Cheque EFTPOS Direct Debit

Bpay Centrelink Deduction

I/We certify that the information provided is correct. I/we acknowledge that:

- the School recognises the need to provide a payment schedule that will assist to minimise the immediate financial burden.
- as parents/guardians, I/We recognise the requirement to make regular payments to the School.
- any reduction/remission granted will be applied at the end of the school year.
- any reduction/remission granted is for the current year only and is conditional upon full payment of the agreed amount for the year. This means that if you do not pay the agreed amount then the school may choose not to apply the reduction/remission.
- for future years you will need to submit a new application for fee reduction/remission at the beginning of each year.
- any reduction/remission is conditional on the information provided on this form being accurate and complete. If you have provided any inaccurate or misleading information, or have not provided some significant information, then the school may choose not to apply the reduction/remission.
- it is important to keep the School fully informed if circumstances change/improve.

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Signature of Applicant

Date:/...../.....

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Signature of Spouse/Partner

Date:/...../.....

Please supply a copy of your 2016 tax assessment with this form and ensure you remove your tax file number from this document before providing it