

# John Paul II Catholic School



## **Application for Fee Reduction/Remission**

# **2020**





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.)**

.....

\$.....

.....

\$.....

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)**

.....

\$.....

.....

\$.....

**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)

	<b>Value</b>
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

**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)	\$	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>

### 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	\$	\$
<b>TOTAL EXPENDITURE</b>	<b>\$</b>	<b>\$</b>

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

Commencing    ..... / ..... / .....

Method of payment (*please circle*)

Cash                      Cheque                      EFTPOS                      Bpay

Centrelink Deduction                      Direct Debit

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 previous years tax assessment with this form and ensure you remove your tax file number from this document before providing it**