



# Mary MacKillop Catholic Regional College

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Phone (03) 5662 4255

## School Fees Concession Program Financial Hardship Special Consideration

### Applicant Details:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_

Names of Person(s) responsible for payment of school fees (incl. applicant) and % split, if applicable:

Fee Payer 1 (Applicant): ..... (.....%)

Fee Payer 2: ..... (.....%)

### Details of Dependents

	Name	Age	Name of Pre-School, School or Tertiary Institution
1			
2			
3			
4			
5			
6			
7			

Which of the following describes your current parenting situation?

Sole Parent       Married or Partnered       Separated or Divorced

Have you applied for, or are you currently receiving a fee concession at another school?

Yes       No

If Yes, school name: ..... and level of concession.....%

**Financial Situation**

	Applicant	Spouse/Partner
<b>Occupation</b>		
<b>Current Gross Income per fortnight</b>		
Gross Salary/Wages		
Centrelink Payment/Child Support		
Self-employed Income		
Other Income		
<b>Total Gross Income per fortnight</b>		

	Applicant	Spouse/Partner
<b>Gross Annual Income for previous financial year</b>		

**Please attach a copy of most recent:**

- **Taxation Assessment** (*remove Tax File Number (TFN) from copy*).
- **PAYG Payment Summary** (*previously known as Group Certificate*).
- **Centrelink Income Statement** (*if a Centrelink client*)

If current income differs from last year's Taxation Assessment, please explain the variation.

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Place of Residence:      Home No Mortgage      Home Mortgage      Renting

Do you have Investment: Property? Yes      Value \$ \_\_\_\_\_      No

Shares? Yes      Value \$ \_\_\_\_\_      No



**Declaration**

I declare that to the best of my knowledge, the information supplied in this application is correct and complete.

I undertake to notify the school immediately should there be a change in financial circumstances that may affect the level of concession granted.

Applicant’s Signature:

Date:

Spouse/Partner Signature (if applicable):

Date:

***Office Use Only***

Documents

- 1. Most recent Income Tax Assessment (TFN removed): Applicant: Y N Spouse/Partner: Y N
- 2. PAYG Payment Summary: Applicant: Y N Spouse/Partner: Y N
- 3. Centrelink Income Statement: Applicant: Y N Spouse/Partner: Y N
- 4. Health Care Card (if applicable)

Application Received By: .....

Date:

Interview Date: .....

**APPLICATION APPROVED:** Y N Date:

**DDR Agreement Lodged:** Y N