



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
Occupation		
Current Gross Income per fortnight		
Gross Salary/Wages		
Centrelink Payment/Child Support		
Self-employed Income		
Other Income		
Total Gross Income per fortnight		

	Applicant	Spouse/Partner
Gross Annual Income for previous financial year		

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.

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) | Applicant: Y N | Spouse/Partner: Y N |

Application Received By:

Date:

Interview Date:

APPLICATION APPROVED: Y N Date:

DDR Agreement Lodged: Y N