



Mary MacKillop

Catholic Regional College

School Fees Remission 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			

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 Y / N Y / N

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

Application Received By: Date:

Interview Date:

APPLICATION APPROVED: Y N Date:

DDR Agreement Lodged: Y N

REVIEW

This Policy has been reviewed by the Business Manager and ratified by the Principal.

Implementation Date: September 2023

Reviewed:

Next Review Date: September 2026