

St Augustine's College

2017 APPLICATION FOR FEE CONCESSION

Family Information – please complete all sections

Details	Father / Guardian	Mother / Guardian
Surname:		
First Names:		
Address:		
Address:		
Phone Numbers:		
Occupation:		

Dependents – include dependents residing with you in full time study and under school age children

Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:

Financial Information – please complete all sections

Income - weekly	Father / Guardian	Mother / Guardian	Total
Income – net after tax	\$	\$	\$
Pension income	\$	\$	\$
Family Allowance income	\$	\$	\$
Investment income	\$	\$	\$
Child support/maintenance income	\$	\$	\$
Rental assistance	\$	\$	\$
Other income	\$	\$	\$
Total Combined Weekly Income			\$
Rent – weekly			\$
Mortgage + Rates + House Insurance (exclude contents) - weekly			\$
TOTAL COMBINED INCOME LESS HOUSING EXPENDITURE			\$

Note: Please supply copies of all Income and Expenditure e.g. Payslips, Family Allowance, Parenting Allowance, Centrelink Youth Allowance notices, rent, mortgage, rates and house insurance payments. All information is treated confidentially. Concessions applications cannot be processed without supporting documentation.

Please state your reasons for applying for a fee concession (COMPULSORY)

We/I request consideration of our application for concessional fees for our child/children's education. We/I understand that concessional fees will be granted in respect of tuition fees and capital levy only. I/We declare that the information supplied is a true and fair view of my/our current financial situation. I/We authorise St Augustine's College Augustine Heights to make any necessary inquires to enable assessment of this application. All applications must be signed.

Signed _____ Dated _____ Signed _____ Dated _____