



St Augustine's College
AUGUSTINE HEIGHTS
Be together in heart and mind

Office Use Only	
Account Number:	
FRP:	
CYO:	
LYO:	

2024 Application For Fee Concession

FAMILY INFORMATION

DETAILS	PARENT 1 / GUARDIAN 1	PARENT 2 / GUARDIAN 2
FIRST NAME:		
SURNAME:		
ADDRESS:		
PHONE NUMBER:		
OCCUPATION:		

DEPENDENTS - INCLUDE THOSE RESIDING WITH YOU IN FULL TIME STUDY AND SCHOOL AGED CHILDREN

DEPENDENT'S FULL NAME:	CLASS:	AGE:	SCHOOL/INSTITUTION:

FINANCIAL INFORMATION

Note: Please supply copies of all income and expenditure e.g. payslips, Family Allowance, Centrelink Youth Allowance notices, rent, mortgage, rates and house insurance payments. All information is treated confidentially. Concession applications cannot be processed without supporting documentation.

INCOME	PARENT 1 / GUARDIAN 1	PARENT 2 / GUARDIAN 2	TOTAL PER WEEK
INCOME (NET AFTER TAX)	per week	per week	
PENSION INCOME	per week	per week	
FAMILY ALLOWANCE INCOME	per week	per week	
INVESTMENT INCOME	per week	per week	
CHILD SUPPORT/MAINTENANCE INCOME	per week	per week	
RENTAL ASSISTANCE	per week	per week	
OTHER INCOME	per week	per week	
TOTAL COMBINED WEEKLY INCOME			per week
RENT/ MORTGAGE			per week
TOTAL (INCOME - RENT/MORTGAGE)			

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. We/I declare that the information supplied is a true and fair view of my/our current financial situation. We/I authorise St Augustine's College Augustine Heights to make any necessary inquiries to enable assessment of this application. **All applications must be signed.**

SIGNATURE 1:

DATE:

SIGNATURE 2:

DATE: