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



Application For Fee Concession

DETAILS		PARENT 1 / GUARDIAN 1			PARENT 2 / GUARDIAN 2			
FIRST NAME:								
SURNAME:								
ADDRESS:								
PHONE NUMBER:								
OCCUPATION:								
DEPENDENTS - INCLUDE	тно	SE RESIDING WITH YO	U IN F	ULL TIME	STUDY	AND SCHO	O	L AGED CHILDREN
DEPENDENT'S FULL NAME:		C	CLASS:	AGE:	SCHOOL/INSTITUTION:			
INANCIAL INFORMATIO)N		_1			1		
Note: Copies of income and expen	nditure							mily Allowance, Centrelink Youth
Allowance notices, rent, mortgag processed without supporting do	-					•		
INCOME	cumen	PARENT 1 / GUARI			ARENT 2 / GUARDIAN 2			TOTAL PER WEEK
		PARENT 17 GOARD	per wee	-	per week			TOTAL PER WEEK
INCOME (NET AFTER TAX)			per wee	ak	per week			
PENSION INCOME			•		•		L	
FAMILY ALLOWANCE INCOME			per wee		per week			
INVESTMENT INCOME			per wee	ек	per week			
CHILD SUPPORT/MAINTENEN INCOME	CE		per wee	ek	per week			
RENTAL ASSISTANCE			per wee	ek	per week			
OTHER INCOME			per wee	ek	per week			
TOTAL COMBINED WEEKLY INCOME								per week
RENT/ MORTGAGE								per weel
		TO	TAL (IN	ICOME - R	RENT/M	IORTGAGE)		
DIFACE CTATE VOLUD DEA	CON	FOR ARRIVING FOR A	. FFF 64	ONGESSIO	N (CO	MDUU CODV	_	
PLEASE STATE YOUR REA	SONS	FOR APPLYING FOR A	A FEE CO	DINCESSIO	N (CO	MPULSUKY,	<u>/</u>	
Ve/I request consideration of our app uition Fees only. We/I declare that th leights to make any necessary inquire rocessed until all supporting docume	e inforn s to ena	nation supplied is a true and fair vi ble assessment of this application	iew of my/o . Applicati	our current fina ons must be si	ancial situa gned and c	tion. We/I authoris lated (by all respec	se cti	St Augustine's College, Augustine ve parties), noting it will not be
IGNATURE 1:		DATE:		IGNATUR				ATE:
							ſ	
							_	

Application for Fee Concession
Last Revised: 29 August 2025

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