INFORMATION TO PARENTS – APPLICATION FOR REDUCTION OF FEES

Parents experiencing significant financial difficulties may apply for school fees assistance. In line with the Catholic Education Office Canberra and Goulburn Archdiocese Fees Policy, no student will be refused enrolment, be excluded, or be disadvantaged because of an inability (as opposed to an unwillingness) on the part of the parents/guardians to meet financial requirements.

It is recognised that families make choices and priorities in regards to their standard of living, investments, education and extra-curricular activities. The school considers that families who have chosen a Catholic Education consider it important and that fee payments will be prioritised accordingly.

Any reductions granted generally apply on a year by year basis, i.e. a separate application is required each year. In some situations the reductions may be reviewed on a term by term basis, in which case you would be required to lodge an application at the commencement of each term.

Government Grants provide part of the funding required to operate the school. The balance of operating costs must be found through school fees. The continued existence of Good Shepherd Primary School is dependent on parents paying the required level of fees. Every effort will be made by the School to recover fees from parents who are deemed to have the capacity to pay.

On the basis of the information provided in this form the Fees Committee will determine an appropriate level of fee support based upon guidelines agreed to by the Catholic Education Office Archdiocese of Canberra and Goulburn and Good Shepherd Primary School, and with consistency and in confidence. You may be asked to meet to discuss various aspects of your application. It is necessary that where you are granted a reduction in school fees that you commit to and maintain a suitable payment plan.

If you would like to apply for a reduction in fees please complete this form and return it to Anne McKenna as soon as possible.

All information you provide is treated confidentially

Graham Pollard
Principal
GOOD SHEPHERD PRIMARY SCHOOL
Application for Reduction of Fees for 2015

Confidential

DETAILS OF APPLICANTS

Name of Mother/Guardian ____________________________________________
Are you a single parent household  YES/NO
Residential Address ______________________________________________________
Home Ph ___________________________ Mobile __________________________
Occupation ___________________________________________________________
Employer ________________________________________________________________
Work Ph ___________________________ Full time ☐ Part time ☐ Casual ☐

Name of Father/Guardian ____________________________________________
Are you a single parent household  YES/NO
Residential Address ______________________________________________________
Home Ph ___________________________ Mobile __________________________
Occupation ___________________________________________________________
Employer ________________________________________________________________
Work Ph ___________________________ Full time ☐ Part time ☐ Casual ☐

DETAILS OF DEPENDANT CHILDREN

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>School</th>
<th>Year Group</th>
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</thead>
<tbody>
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I/We request a reduction in fees because of:

Low income ☐ Health/Disability Issues ☐ Unemployment/Redundancy ☐
Other ☐ (Please specify in section 'Other Information').

If there is a payment arrangement with another school, please provide details:

Name of School ____________________________________________ Fees per term ____________________________________________
## INCOME AND EXPENDITURE

<table>
<thead>
<tr>
<th>Wages for Mother/Guardian</th>
<th>$ per fortnight</th>
<th>Assets – what you own</th>
<th>$ estimated value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross</td>
<td></td>
<td>House</td>
<td></td>
</tr>
<tr>
<td>Tax</td>
<td></td>
<td>Vehicle/s</td>
<td></td>
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<tr>
<td>Other Deductions (Please Specify)</td>
<td></td>
<td>Superannuation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Investment Property</td>
<td></td>
</tr>
<tr>
<td>Net wages</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wages for Father/Guardian</th>
<th>$ per fortnight</th>
<th>Liabilities – what you owe</th>
<th>$ estimated value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross</td>
<td></td>
<td>Home Loan</td>
<td></td>
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<tr>
<td>Tax</td>
<td></td>
<td>Car Loan</td>
<td></td>
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<tr>
<td>Other Deductions (Please Specify)</td>
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<td>Credit card/s</td>
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<tr>
<td></td>
<td></td>
<td>Other loans</td>
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</tr>
<tr>
<td>Net wages</td>
<td></td>
<td>Other debts– (Please specify)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Income / Benefits</th>
<th>$ per fortnight</th>
<th>TOTAL NET INCOME</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrelink /Family Assistance</td>
<td></td>
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<tr>
<td>Child Support</td>
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<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>$ per fortnight</th>
<th>TOTAL LIABILITIES</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare</td>
<td></td>
<td></td>
<td>---</td>
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<tr>
<td>Medical Expenses</td>
<td></td>
<td></td>
<td>---</td>
</tr>
<tr>
<td>Rent/Mortgage/Board</td>
<td></td>
<td></td>
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<tr>
<td>Other extraordinary expenses</td>
<td></td>
<td></td>
<td>---</td>
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<tr>
<td>(Please specify in section ‘Other Information’)</td>
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</tbody>
</table>

We require copies of the listed documents (only those relevant to your financial situation).

- Please tick
- Income statement from Centrelink/Family Assistance Office
- Rent receipt or bank/financial institution statement showing mortgage balance and minimum repayment
- Bank financial institution statement showing cash balances for the last 4 weeks
- Health Care Card or Pension Card
- Evidence of Child Support Payments
- Taxation return and Tax assessment statement for the last year
- Pay slips (the last four)

Please contact us if you need help completing the form or if you require access to a photocopier.

If you are self-employed or a shareholder/director of a company that employs you, please contact us for details of the information we will require to allow us to assess your application.

We may require an interview to obtain further details to assess your application and we will get in touch with you if this becomes necessary.

## DECLARATION

I/We declare and certify that all information contained in this Application is true and correct. I/We will immediately advise the school if my/our financial circumstances change so that the fees payable can be reassessed. I/ I/We acknowledge our commitment to paying the school fees, and understand that full fees will be due if an agreement with the school is not kept.

Name: ___________________________ Name: ___________________________
Signature: ______________________ Signature: ______________________
Date: / / Date: / /

Please ensure you have attached all of the required documents listed above so we can assess your Application.
OTHER INFORMATION

Please include in this section additional information relevant to your application. This may include but is not limited to, costs associated with any medical conditions, childcare costs or extraordinary circumstances. Please ensure supporting documentation is provided.

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OFFICE USE ONLY

Pension Card Sighted ☐
All documents attached ☐
Application Received by:
Enrolment signed by:

FAMILY ID ____________________________

Recommendation: ______________________
Amount Approved: _____________________
Date of Approval: _____________________
Approved by Fees Review Committee members:

Signed: _______________________________
Signed: _______________________________
Signed: _______________________________