

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 <input type="checkbox"/>	Part time <input type="checkbox"/>
		Casual <input type="checkbox"/>	
Name of Father/Guardian _____			
Are you a single parent household YES/NO _____			
Residential Address _____ _____			
Home Ph _____		Mobile _____	
Occupation _____			
Employer _____			
Work Ph _____		Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
		Casual <input type="checkbox"/>	

DETAILS OF DEPENDANT CHILDREN

Name	Date of Birth	School	Year Group

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

<p><u>Wages for Mother/Guardian</u> \$ per fortnight</p> <p>Gross _____</p> <p>Tax _____</p> <p>Other Deductions (Please Specify) _____</p> <p style="text-align: center;">Net wages _____</p> <p><u>Wages for Father/Guardian</u> \$ per fortnight</p> <p>Gross _____</p> <p>Tax _____</p> <p>Other Deductions (Please Specify) _____</p> <p style="text-align: center;">Net wages _____</p> <p><u>Other Income / Benefits</u> \$ per fortnight</p> <p>Centrelink /Family Assistance _____</p> <p>Child Support _____</p> <p>Other _____</p> <p>TOTAL NET INCOME \$ _____</p> <p><u>Expenses</u> \$ per fortnight</p> <p>Childcare _____</p> <p>Medical Expenses _____</p> <p>Rent/Mortgage/Board _____</p> <p>Other extraordinary expenses _____</p> <p>(Please specify in section 'Other Information')</p>	<p><u>Assets – what you own</u> \$ estimated value</p> <p>House _____</p> <p>Vehicle/s _____</p> <p>Superannuation _____</p> <p>Investment Property _____</p> <p>Share Portfolio _____</p> <p>Investment Accounts _____</p> <p>Other – (Please specify) _____</p> <p>TOTAL ASSETS \$ _____</p> <p><u>Liabilities – what you owe</u> \$ estimated value</p> <p>Home Loan _____</p> <p>Car Loan _____</p> <p>Credit card/s _____</p> <p>Other loans _____</p> <p>Other debts– (Please specify) _____</p> <p>TOTAL LIABILITIES \$ _____</p> <p>NET ASSETS (Assets less liabilities) \$ _____</p>
--	---

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Please tick
<input type="checkbox"/> Rent receipt or bank/financial institution statement showing mortgage balance and minimum repayment
<input type="checkbox"/> Health Care Card or Pension Card
<input type="checkbox"/> Taxation return and Tax assessment statement for the last year | <input type="checkbox"/> Income statement from Centrelink/Family Assistance Office
<input type="checkbox"/> Bank financial institution statement showing cash balances for the last 4 weeks
<input type="checkbox"/> Evidence of Child Support Payments
<input type="checkbox"/> 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/ 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.

