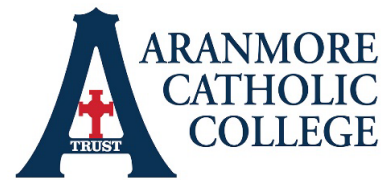


**CONFIDENTIAL**



## REQUEST FOR REDUCTION OF SCHOOL FEES 2025

### CATHOLIC EDUCATION POLICY ON FEE REDUCTIONS

As a matter of justice to those parents who meet their fee obligations often at considerable personal sacrifice, we feel you should consider carefully what sort of sacrifice you can make to meet the cost of educating your children and supporting the College in other ways.

Aranmore Catholic College Advisory Council

***This fully completed form together with a copy of the last payslips and Tax Return Assessment OR Social Security (Centrelink) statement notices should be returned to:***

Accounts Receivable  
Aranmore Catholic College  
PO Box 223  
LEEDERVILLE WA 6903

### **Details of Parents or Guardians**

#### **MOTHER / GUARDIAN 1**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### **FATHER / GUARDIAN 2**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Marital Status of Applicant: Married / Widowed / Divorced / Separated / Other \_\_\_\_\_

OFFICE USE ONLY:

Date of Review:        /        /

DF KEY: \_\_\_\_\_

**Students attending Aranmore Catholic College:**

| Name     | Year  | Name     | Year  |
|----------|-------|----------|-------|
| 1: _____ | _____ | 2: _____ | _____ |
| 3: _____ | _____ | 4: _____ | _____ |
|          |       |          | -     |
|          |       |          | -     |

**Other Dependent Children**

| Name     | School Attending | Year  | School Fees (pa) |
|----------|------------------|-------|------------------|
| 1: _____ | _____            | _____ | _____            |
| 2: _____ | _____            | _____ | _____            |
| 3: _____ | _____            | _____ | _____            |

Have you asked for a fee reduction from other children's school? Yes / No

I/We \_\_\_\_\_ hereby declare that in order for my/our child/children to attend Aranmore Catholic College in 2025, Fee Rebate assistance is required as I/we do not have the capacity to pay full fees and charges.

**Have you attached your**

1. Payslips or Social Security (Centrelink) statement notices
2. A copy of your latest ATO "Notice of Assessment"

**Have you completed all your Financial Details on Page 3 of this Form**

**DECLARATION**

I make this declaration conscientiously, believing the statements contained therein to be true in every particular.

APPLICANT 1 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT 2 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This section MUST be completed.**

**A Direct Debit Payment Plan will be required if fee assistance is provided**

How will you be paying?     Weekly     Fortnightly     Monthly

What Payment Plan Option will you use?

Centrepay deductions     Direct Debit     Credit Card deductions

**PLEASE CAREFULLY AND FULLY COMPLETE THE FINANCIAL STATEMENT AND DECLARATION**

**Do you hold one of the following cards?**

Pensioner Health Benefits and Concession Card  Health Benefits Card  Health Care Card

**Average Monthly Sources of Income**

**Please provide details of all income**

|   |        |                 |
|---|--------|-----------------|
| Drawings from Business                              |        | \$ _____        |
| Wages/Salary (including overtime)                   | Self   | \$ _____        |
|   | Spouse | \$ _____        |
| Pensions  | Self   | \$ _____        |
|   | Spouse | \$ _____        |
| Family Allowance                                    |        | \$ _____        |
| Home Childcare Allowance                            |        | \$ _____        |
| Austudy   |        | \$ _____        |
| Contributions paid by Family Members (eg. Boarding) |        | \$ _____        |
| Child support/Maintenance                           |        | \$ _____        |
| Other (eg. Rent, Interest)                          |        | \$ _____        |
| <b>Total Income</b>                                 |        | <b>\$ _____</b> |

**Average Monthly Expenses**

**Please provide details of expenses**

|   |                 |
|---|-----------------|
| Rent/board/other accommodation (not including liabilities)                        | \$ _____        |
| Please estimate other monthly expenses, eg. food, fuel rates and regular expenses | \$ _____        |
| Add monthly commitment from Liabilities Listing below *                           | \$ _____        |
| <b>Total gross monthly expenses</b>   | <b>\$ _____</b> |

**Assets (Individual or Joint)**

**Please provide details of the assets and investments**

|  |                 |
|--|-----------------|
| Property   | \$ _____        |
| Vehicles   | \$ _____        |
| Household items (eg. furniture, jewellery-Insured valued | \$ _____        |
| Other assets/investments (eg. shares)                    | \$ _____        |
| Please provide total of all savings                      | \$ _____        |
| <b>Total Assets</b>                                      | <b>\$ _____</b> |

**Liabilities (Individual or Joint)**

| Lender/store             | Card/loan type | Card limit (credit/store cards only) | Amount Owing | Minimum monthly repayment |
|--------------------------|----------------|--------------------------------------|--------------|---------------------------|
|                          |                | \$ _____                             | \$ _____     | \$ _____                  |
|                          |                | \$ _____                             | \$ _____     | \$ _____                  |
|                          |                | \$ _____                             | \$ _____     | \$ _____                  |
|                          |                | \$ _____                             | \$ _____     | \$ _____                  |
|                          |                | \$ _____                             | \$ _____     | \$ _____                  |
| <b>Total Liabilities</b> |                |                                      |              | <b>*\$ _____</b>          |

**Short Summary of your family situation**

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**OFFICE USE ONLY**

**RECOMMENDATION:**

|                       |  |    |                            |
|-----------------------|--|----|----------------------------|
| Full Fees             |  | \$ |                            |
| Less Special Discount |  | \$ |                            |
| Annual Amount         |  | \$ |                            |
| Repayment Method      |  | \$ | Weekly/fortnightly/monthly |

Authorising Officer: \_\_\_\_\_

Authorising Officers Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_