



## CONFIDENTIAL APPLICATION FOR FEES ASSISTANCE

This form is a request to vary your annual fee commitment to St John's Catholic School.

In keeping with the Catholic identity of the School, that no child should be denied education due to low income and financial hardship, all requests for fee assistance will be considered. In fairness to all full fee paying families, you are requested to complete this form so that a balanced assessment of your financial situation can be made. All information provided is treated with the strictest of confidence.

Following receipt of this application you will be invited to an interview with a delegate of the School.

In order to consider your application, the School will require the following information:

- Completed and signed application for fees assistance
- Copies of your most recent income tax return and notice of assessment;
- Copies of your last three pay slips;
- Copies of Centrelink statements; and
- Copy of the most recent bank statement for accounts held.

In addition to the above, proof of expenditure may be required to be cited by the School, if requested

Where the School has asked for this information and it is not provided, the School may choose to offer a lower level of remission, or may not offer a remission at all.

### Personal Information Collection Notice

'Personal information' is defined in the *Privacy Act 1988* (Cth) as information or an opinion, whether true or not, about an individual whose identity is apparent or can reasonably be ascertained from the information. Personal information may include sensitive information about an individual. The Roman Catholic Church Trust Corporation of the Archdiocese of Hobart (**Archdiocese of Hobart**) through the Catholic Education Commission Tasmania (**CECT**), Tasmanian Catholic Education Office (**TCEO**) and its schools, collects personal information, including sensitive information about individuals before, during and after the course of enrolment in schools operated by the Archdiocese of Hobart. This may be in writing or during conversations.

The primary purpose of collecting personal information from you in this form is to enable the school to make an informed decision on your remission application and to determine eligibility to apply discounts to fees. If you do not provide the information requested, it may not be possible to assess your application for remission and remissions may not be applied.

The school may store personal information in the 'cloud' which may mean that it resides on servers which are situated overseas, outside Australia. However, the information will remain in the effective control of the Archdiocese of Hobart and its schools, who will take reasonable steps to ensure the overseas hosts comply with the Australian Privacy Principles.

Personal information is managed in accordance with CECT's privacy policy, copies of which are available on request or from the CET website at the following link:

<http://catholic.tas.edu.au/key-documents/policies-1/tcec-privacy-policy>. The policy includes information on how to access and correct yours or your child's personal information, as well as information on how to complain about interferences with yours or your child's privacy.

| Personal Details – Parent/Guardian 1      |   | Personal Details – Parent/Guardian 2      |   |
|---|---|---|---|
| Title                                     | Given name (s)                            | Title                                     | Given name (s)                            |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Surname                                   |   | Surname                                   |   |
| <input style="width: 100%;" type="text"/> |   | <input style="width: 100%;" type="text"/> |   |
| Current Residential Address               |   | Current Residential Address               |   |
| <input style="width: 100%;" type="text"/> |   | <input style="width: 100%;" type="text"/> |   |
| Contact Number (Business Hours)           |   | Contact Number (Business Hours)           |   |
| <input style="width: 100%;" type="text"/> |   | <input style="width: 100%;" type="text"/> |   |
| Email Address                             |   | Email Address                             |   |
| <input style="width: 100%;" type="text"/> |   | <input style="width: 100%;" type="text"/> |   |
| Occupation                                |   | Occupation                                |   |
| <input style="width: 100%;" type="text"/> |   | <input style="width: 100%;" type="text"/> |   |
| Employer                                  |   | Employer                                  |   |
| <input style="width: 100%;" type="text"/> |   | <input style="width: 100%;" type="text"/> |   |
| My employment is: (please circle)         |   | My employment is: (please circle)         |   |
| <input style="width: 100%;" type="text"/> |   | <input style="width: 100%;" type="text"/> |   |

| Names of all dependent children, including Pre-School aged children |                 |       |     |              |
|---|-----------------|-------|-----|--------------|
| Name  | School Attended | Grade | Age | Fees Payable |
|   |                 |       |     |              |
|   |                 |       |     |              |
|   |                 |       |     |              |
|   |                 |       |     |              |

| Other Financial Assistance  |   |
|---|---|
| Are any of the children listed above in receipt of financial assistance for education or have you applied for financial assistance from any other sources such as Youth Allowance, Abstudy, scholarships or discounts from other schools? Please record all relevant details below: |   |
| Financial Assistance requested/received from:   | Remission Received (per annum)            |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/> |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/> |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/> |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/> |



### Monthly Income Details

| TOTAL FAMILY INCOME (monthly)                                      | Parent/Guardian 1 | Parent/Guardian 2 |
|--|-------------------|-------------------|
| Salary/Wages after tax (please attach last 3 payslips)             | \$                | \$                |
| Pension/Benefit/Child Support (please attach Centrelink statement) | \$                | \$                |
| Self-Employed income   | \$                | \$                |
| Other Income (please provide detail)                               | \$                | \$                |
| <b>TOTAL MONTHLY INCOME</b>  | <b>\$</b>         | <b>\$</b>         |

### Monthly Expenditure Details

| TOTAL FAMILY EXPENSES (monthly)                                    | Parent/Guardian 1 | Parent/Guardian 2 |
|--|-------------------|-------------------|
| Rent   | \$                | \$                |
| Mortgage Repayments  | \$                | \$                |
| Other Loan Repayments (please provide detail - car, personal loan) | \$                | \$                |
| Lender:  |                   |                   |
| Balance remaining:   |                   |                   |
| Term remaining   |                   |                   |
| Lender:  |                   |                   |
| Balance remaining:   |                   |                   |
| Term remaining   |                   |                   |
| Lender:  |                   |                   |
| Balance remaining:   |                   |                   |
| Term remaining   |                   |                   |
| Electricity  | \$                | \$                |
| Council Rates  | \$                | \$                |
| Water  | \$                | \$                |
| Phone (home & mobile)  | \$                | \$                |
| Property Insurance (home/car)                                      | \$                | \$                |
| Health Insurance   | \$                | \$                |
| Food   | \$                | \$                |
| Petrol   | \$                | \$                |
| Car Registration   | \$                | \$                |
| School Fees (other than this School)                               | \$                | \$                |
| Other (please provide detail)                                      | \$                | \$                |
| -  | \$                | \$                |
| -  | \$                | \$                |
| -  | \$                | \$                |
| <b>TOTAL MONTHLY EXPENSES</b>                                      | <b>\$</b>         | <b>\$</b>         |

### PAYMENT DETAILS

Based on the details provided I consider I am in a position to pay \$ \_\_\_\_\_ per month / fortnight / week, understanding that the final determination may differ from this amount.

Preferred method of payment:       Direct Debit                       Bpay                       Centrepay  
 Monthly Automatic Credit Card                       Through the School office (Eftpos/Cheque/Cash)

### ACKNOWLEDGEMENT BY APPLICANTS

I/ We certify that all information provided is correct and that supporting documentation required has been provided. *(Applications cannot be considered until all the required information is received)*

In addition I/We acknowledge the following:

- a) that the School recognises the need to provide a payment schedule that will help minimise the immediate financial burden;
- b) that as parents or guardians we recognise our responsibility to the School and the requirement to make regular payments to the School;
- c) that any rebate agreed to is for the current year only and is conditional upon maintaining regular monthly payments as outlined by the committee for this year;
- d) that it is important to keep the School fully informed if circumstances change/improve; and
- e) that tuition fees for future periods will need to be renegotiated at the beginning of each year.

| Signature of Parent/Guardian 1 | Signature of Parent/Guardian 2 |
|--------------------------------|--------------------------------|
|                                |                                |
| Date:                          | Date:                          |

### Office Use Only

|   |  |
|---|--|
| Family No / Debtor Id No                                  | Appointment for interview made on                      |
| <input style="width: 90%;" type="text"/>                  | <input style="width: 90%;" type="text"/>               |
| Comments  |  |
| <input style="width: 95%; height: 30px;" type="text"/>    |  |
| <u>Fees Sub-Committee/School Delegate recommendation:</u> |  |
| Full Fees Payable   | Annual Fees \$ _____ Monthly Fees \$ _____ (10 months) |
| Rebated Fees Approved                                     | Annual Fees \$ _____ Monthly Fees \$ _____ (10 months) |
| Fees to be written off Per Annum                          | \$ _____ Per Month \$ _____ (10 months)                |

Signed for and on behalf of the School

|            |       |
|------------|-------|
| Signature: | Date: |
|            |       |