



ST CATHERINE'S SCHOOL

APPLICATION FOR REDUCED FEES

ALL QUESTIONS MUST BE ANSWERED TO ALLOW A COMPLETE ASSESSMENT OF THIS APPLICATION
ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL

FAMILY DETAILS			
Applicant's Family Name		Given Name/s	
Address			Postcode
Contact Details			
Phone	Home	Work	Mobile
Email			
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	
	<input type="checkbox"/> De Facto	<input type="checkbox"/> Separated	
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single	
Children Currently Attending St Catherine's School			
Student Name	Age	Year Level	
Children Currently Attending Other Schools			
Student Name	Age	Year Level	
Other Dependent Children			
Name	Age		
FINANCIAL INFORMATION			
NOTE: Financial information must be expressed on a WEEKLY basis			
Applicant's details			
Occupation		Gross Weekly income	\$
Employer			
Partner's details			
Occupation		Gross Weekly income	\$



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Employer			
CENTRELINK BENEFITS (per week)			
Family Tax Benefit A	\$	Partner/Widow Allowance	\$
Family Tax Benefit B	\$	Disability Support Pension	\$
Child Care Benefit	\$	Age Pension/Mature Age Allowance	\$
Parenting Payment	\$	Carer Allowance	\$
Youth Allowance	\$	Newstart Allowance	\$
Austudy/Abstudy	\$	Other	\$
Total Centrelink	\$		
TOTAL HOUSEHOLD INCOME AND EXPENDITURE			
Income		Expenditure	
Gross Wage (Applicant)	\$	Tax (Applicant)	\$
Gross Wage (Partner)	\$	Tax (Partner)	\$
Centrelink Benefits (as listed above)	\$	Rent/Mortgage	\$
Maintenance	\$	Other Repayments (Car, Credit Cards, etc)	\$
Board/Lodging	\$	Food Clothing	\$
Interest	\$	Car Expenses	\$
Other		Medical	\$
•	\$	Other Household Expenses	\$
•	\$	Other School Fees	\$
		Expenses of an Extraordinary Nature *	\$
Total income per week	\$		



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* **Expenses of an Extraordinary Nature** – Please give details

OTHER INFORMATION

VOLUNTRARY ASSISTANCE TO THE SCHOOL

I/We an offer voluntary help to the School

Canteen

Working Bee

Other

Sports day

Name/s of volunteer/s

I/We cannot offer voluntary help to the School

NEGOTIATED FEES

This section must be completed

Level of fees you wish to negotiate (total)

\$

Per week/fortnight/month

SUPPORTING DOCUMENTS

Documents MUST be provided to verify all forms of income stated above and to support

Bank Statement where Centrelink benefits are directly deposited **or**
Centrelink Statement of Benefits

Payslip – most recent from each employer

