

FAMILY CODE

PARISH SCHOOLS OFFICE
Serving the Catholic Schools of Coffs Harbour and Sawtell

DATE STAMP



APPLICATION FOR FEE ASSISTANCE

All information must be completed and is strictly confidential. Please post or deliver application and supporting documents (**proof of income**) to the Parish Schools Office. If you require help completing this form, please call the Parish Schools Office to arrange an interview.

PARENT/GUARDIAN 1

Name:
Address:
Email:
Daytime Telephone:
Occupation:
Employer:

PARENT/GUARDIAN 2

Name:
Address:
Email:
Daytime Telephone:
Occupation:
Employer:

Preferred method of correspondence (other than for statements): Email Mail

DEPENDENT CHILDREN

Name	Age	2017 School Year	School

Have you applied for fee assistance previously? Yes No

Reason for application for assistance: _____

ASSISTANCE REQUIRED

I request an extension of time to pay the standard fees (*Please specify time required*)

AND/OR

I request a reduction in the standard fees
I am able to pay \$_____ per week / fortnight / month / other (*Please circle*)

If other, please specify

PAYMENT METHOD

The **preferred** method of payment is by **Direct Debit Request** or **Centrepay**. If *Other* option required, this **must be discussed** with School Fees Manager: (*Please tick*)

Direct Debit Centrepay Other (*Specify*)

FORTNIGHTLY INCOME & EXPENSE DETAILS *Proof of income is required. Please attach copies of pay slips, Centrelink income statements & last tax assessment notice(s).* (Copies of income tax returns will be requested, if needed.)

FORTNIGHTLY INCOME	\$	FORTNIGHTLY EXPENSES	\$ (Approx.)
Wages – Father/Guardian 1 (Net)*		Payroll Deductions (<i>super etc.</i>)	
Wages – Mother/Guardian 2 (Net)*		Rent	
Centrelink Payments		Mortgage Payments (<i>family residence</i>)	
Maintenance		Other Mortgage Payments	
Net Business Income (<i>per last ITR</i>)		Other Loan Payments	
Investment Income		Groceries	
Other Income		Telephone / Internet	
		Electricity	
		Motor Vehicle Expenses & Fuel	
		Other Utilities	
		Education Expenses (<i>include current school fees</i>)	
		Other Expenses	
TOTAL NET INCOME		TOTAL EXPENSES	
ASSETS	\$ (Approx. value)	LIABILITIES	\$ (Approx. value)
Property (<i>Not family residence</i>)		Mortgages (<i>Not family residence</i>)	
Investments		Investment Loans	
Other Assets		Other Liabilities	
TOTAL ASSETS		TOTAL LIABILITIES	

*Net is your income after tax

FEE ASSISTANCE AGREEMENT
(To be signed by BOTH PARENTS or GUARDIANS)

I/We certify that the information provided above is correct and I/we will inform the Parish Schools Office of any significant changes in circumstances immediately. I/We also understand that granting of an extension or fee assistance is conditional upon the agreed payment plan being honoured. Fee assistance may be granted for as long as your circumstances remain constant, but is always at the discretion of the Parish Schools Office.

Signature of Father/Guardian 1 Name (*Please print*) Date

Signature of Mother/Guardian 2 Name (*Please print*) Date

OFFICE USE ONLY:

METHOD / FREQ	WCA / VF UPDATED	ASSESSED BY	DATE PROCESSED	AMOUNT VF	P/PLAN VF
	INITIALS	INITIALS		\$	\$ x
PREV PLAN NOTED	BATCH PROCESSED	S/SHEET UPDATED	ACCESS UPDATED	WCA SPECIAL	LETTER SENT
INITIALS	#	INITIALS	INITIALS	INITIALS	INITIALS