



FEE CONCESSION APPLICATION

As a Catholic school, Sacred Heart College is committed to living the Mercy Education values of justice and compassion and as such families may be eligible for a fee concession if they are experiencing financial hardship, generally for reasons outside their control.

The College will not consider personal financial choices when assessing applications. No allowance is made for repayments or expenses on items such as holiday houses, luxury cars, investment properties, pools etc. Similarly, holidays, excessive housing costs and the cost of students' extracurricular activities will not be considered when assessing a family's financial hardship. If a family's priorities include these expenses, the financial burden of that decision remains with the family and **will not** be subsidised by the College.

Process

STEP 1

Complete the Fee Concession Application form by no later than **27 March 2020** and attach all required supporting documentation and submit the application.

STEP 2

The Finance Team will review the application and request any additional information that may be required. You may then be contacted to arrange a telephone or in-person meeting to discuss your situation further.

STEP 3

A decision on your application will be made and you will be notified in writing. Should your application be successful, details of the fee relief amount, agreed ongoing repayments and any other conditions will be provided to you in writing. Should your application be unsuccessful, you will be required to pay your fees in full.

Other Information

If concessions are required beyond the current year, a new application must be submitted each year.

The College has at its disposal investigative resources to monitor publicly-available information relating to the financial activity of families. These resources will also be used when considering Fee Concession Applications.

The submission of a Fee Concession Application and subsequently entering into a payment plan may preclude a student's involvement and participation in optional, extracurricular activities and camps, including language camps, overseas camps, athletics competitions and other non-curriculum, non-compulsory excursions and activities.

If an applicant's financial circumstances improve and they no longer require fee relief, they must inform the Finance Team. Please note that if an applicant's financial circumstances do improve and they are able to pay their fees in full, their daughter may still be ineligible to participate in the above-mentioned extracurricular activities.

FEE CONCESSION APPLICATION

Family Name: _____

Family Number: _____

Students Enrolled at Sacred Heart College:

Name	Year Level

Checklist

I/We have for **all** carers:

- Completed and signed this application
- Attached the most recent Notice of Assessment
- Attached payslips for the last 2 pay periods
- Attached two most recent Centrelink payment advice slips or statements
- Attached evidence of mortgage repayment or rental agreement showing cost
- Attached copy of Health Care Card
- Attached any other information in support of this application

I/We acknowledge that the information I/we have provided on the following pages is provided to enable the College to fully consider my/our application for a variation to the normal fee conditions. I/we certify that the information provided by me/us is true and correct and nothing has been omitted which would lead the College to make an incorrect assessment. We also agree to a meeting with the Business Manager as required.

Signature of Parent/Carer 1 _____ Date _____

Privacy Statement

Sacred Heart College Geelong acknowledges that some of the information you are asked to provide in this 'Application for Concessional Fees' or subsequent additional information that may be sought could be of a personal or sensitive nature. The information is used only to assess this application. Identifying information is not provided to any other organisation except debt collection agencies, the College's legal advisors, or similar organisations where debt collection recovery action is instigated by the College. The College is not aware of any law that requires you to provide this information, however should you fail to provide full and accurate information the College may not consider your application. You have the right to access any personal information that the College holds about you, subject to the exceptions in the Privacy Act 1988 (Cth). You may also request the correction of information that is inaccurate.

SECTION 1

Parent/Carer 1 Details

(place a tick the relevant box)

FULL NAME OF PARENT/CARER 1:
MARITAL STATUS: • single • married/de facto • separated • divorced • widowed
ADDRESS:
PHONE NUMBERS: mobile: _____ home: _____ work: _____
RESIDENTIAL STATUS: • renting • paying off home (mortgage) • own home <i>Where applicable, insert weekly mortgage or rent payments in item 11 on page 6.</i>
EMPLOYMENT STATUS: • employed • self-employed • home duties • unemployed (government support) • other (please describe): _____
IF EMPLOYED: Occupation: _____ Employer: _____ Date Started: _____ Status: • full time • part time • casual • contract for a term (termination date) _____ If you have more than one employer, please include full details of each <i>Please write your average weekly gross income in item 1 on page 6 and attach copies of 2 recent payslips & most recent Notice of Assessment</i>
IF SELF EMPLOYED: What is your occupation? _____ <i>Please write your average weekly gross income in item 1 on page 6 & attach copy of most recent Notice of Assessment</i>
IF RECEIVING GOVERNMENT SUPPORT (CENTRELINK PAYMENTS): How long have you been receiving Government Support? _____ What type/s of benefit do you receive? _____ <i>Attach copies of 2 most recent Centrelink payment advice slips</i> Do you have a current Health Care Card? • Yes • No <i>(If yes please provide a copy and proceed to Parent/Carer 2 Details. If Parent/Carer 2 is not applicable, proceed to Section 4 on page 8. Health Care Card Holders are not required to complete Sections 2 & 3 however if you require a budget template then you are encouraged to utilise these sections)</i>
DO YOU RECEIVE ANY OF THE FOLLOWING? • Child maintenance/support • Interest or dividends from investments • Rental receipts from any property • Other income (please describe) _____ <i>Include the weekly equivalent of the income above in items 3 & 4 on Page 6</i>
HAVE YOU RECEIVED ANY LUMP SUM PAYMENTS IN THE LAST 2 YEARS? This can be as a result of termination of employment, redundancy, compensation, legal action, inheritance or superannuation • Yes • No <i>If yes please state the nature of the payment, the amount, and the date received:</i>

DO YOU HAVE ANY SALARY SACRIFICE OR FRINGE BENEFIT ARRANGEMENTS WITH YOUR EMPLOYER?

This includes any motor vehicle or equipment provisions, payment of expenses or additional superannuation contributions • Yes • No

If yes please provide details: _____

Include the weekly equivalent of the net amount in item 5 on page 6

Parent/Carer 2 Details

(place a tick in the relevant box)

FULL NAME OF PARENT/CARER 2:

MARITAL STATUS: • single • married/de facto • separated • divorced • widowed

ADDRESS:

PHONE NUMBERS: mobile: _____ home: _____ work: _____

RESIDENTIAL STATUS: • renting • paying off home (mortgage) • own home

Where applicable, insert weekly mortgage or rent payments in item 11 on page 6.

EMPLOYMENT STATUS: • employed • self-employed • home duties

• • unemployed (government support) • other (please describe) _____

IF EMPLOYED: Occupation: _____

Employer: _____ Date Started: _____

Status: • full time • part time • casual • contract for a term (termination date) _____

If you have more than one employer, please include full details of each

Please write your average weekly gross income in item 1 on page 6 and attach copies of 2 recent payslips & most recent Notice of Assessment

IF SELF EMPLOYED: What is your occupation? _____

Please write your average weekly gross income in item 1 on page 6 & attach copy of most recent Notice of Assessment

IF RECEIVING GOVERNMENT SUPPORT (CENTRELINK PAYMENTS):

How long have you been receiving Government Support? _____

What type/s of benefit do you receive? _____

Attach copies of 2 most recent Centrelink payment advice slips

Do you have a current Health Care Card? • Yes • No

(If yes please provide a copy and proceed to Section 4 on page 8. Health Care Card Holders are not required to complete Sections 2 & 3 however if you require a budget template then you are encouraged to utilise these worksheets)

DO YOU RECEIVE ANY OF THE FOLLOWING?

- Child maintenance/support
- Interest or dividends from investments
- Rental receipts from any property
- Other income (please describe) _____

Include the weekly equivalent of the income above in items 3 & 4 on Page 6

HAVE YOU RECEIVED ANY LUMP SUM PAYMENTS IN THE LAST 2 YEARS?

This can be as a result of termination of employment, redundancy, compensation, legal action, inheritance or superannuation • Yes • No

If yes please state the nature of the payment, the amount, and the date received:

DO YOU HAVE ANY SALARY SACRIFICE OR FRINGE BENEFIT ARRANGEMENTS WITH YOUR EMPLOYER?

This includes any motor vehicle or equipment provisions, payment of expenses or additional superannuation contributions • Yes • No

If yes please provide details: _____

Include the weekly equivalent of the net amount in item 5 on page 6

SECTION 2

Other Information

Number of Persons Living in the family home of the student	Number
Parents/Adult carers (who provided information on pages 2, 3 & 4)	
Other adults <i>(eg grandparents, siblings who are employed or receive Government support)</i>	
Dependent children	
Children's Fortnightly Centrelink (Youth Allowance) 1. Child's Name _____ Age: _____ 2. Child's Name _____ Age: _____ 3. Child's Name _____ Age: _____	Amount \$ \$ \$
Siblings enrolled at other school's (other than Sacred Heart College) Please provide name, school, and yearly fees 1. Child's Name: _____ School: _____ 2. Child's Name: _____ School: _____ 3. Child's Name: _____ School: _____ 4. Child's Name: _____ School: _____	Yearly Fees \$ \$ \$ \$

SECTION 3

Financial Information

(Please note documentation as described on Pages 2, 3 & 4 must be supplied to support figures)

Income Per Week	Carer 1 (\$)	Carer 2
1. Average weekly earnings (net of tax)		
2. Government Support		
3. Child Support/Maintenance		
4. Investment Income		
5. Value of any Fringe Benefits		
6. Government support received by students 16yrs or over		
TOTAL INCOME (A)		
Expenditure Per Week <i>(If carers have joint responsibility use one column only)</i>		
7. Food		
8. School Fees (other than Sacred Heart)		
9. Entertainment/Activities (include any sports, lessons etc)		
10. Clothing		
11. Mortgage/Rent		
12. Rates		
13. Motor Vehicle (weekly equivalent for fuel, repairs, tyres, registration, insurance)		
14. Electricity, Gas		
15. Telephone/Internet		
16. Insurance (Home and contents, life, etc)		
17. Health Insurance		
18. Medical Expenses		
19. Personal Loans, Hire purchase		
20. Credit Cards and Store Accounts		
21. Other Commitments		
TOTAL EXPENSES (B)		
SURPLUS / (DEFICIT) (A-B)		

Assets and Liabilities

Include the total value of all items you own (assets) and what you owe (liabilities)

Assets	Carer 1 \$	Carer 2 \$
Family Residence – Current Value		
Other Properties – Current Value		
Motor Vehicle/s		
Bank Accounts		
Investments (please describe)		
Other Assets (eg. boat, caravan, etc)		
TOTAL ASSETS		

Liabilities	Carer 1 \$	Carer 2 \$
Mortgage – Current Balance		
Motor Vehicle Loan/s		
Personal Loans		
Other Loans (please describe)		
Credit Card / Store Accounts Balance		
Other Liabilities (please describe)		
TOTAL LIABILITIES		

SECTION 4

This section must be completed for your application to be considered

Please provide reasons behind the need for financial assistance and whether you see this as a short term, or on-going issue.

Please provide a proposal for how much you can afford to pay. Please note that a value must be entered for this application to be considered:

Instalments of \$ _____

- Weekly
- Fortnightly
- Monthly

Total between now and December 2020:

\$ _____

Finance Manager/Leader of Business Operations Approval

Approval for Instalments of \$ _____ ***, paid***

- Weekly
- Fortnightly
- Monthly

Total approved between now and December 2020:

\$ _____

Signature: _____ ***Date:*** _____