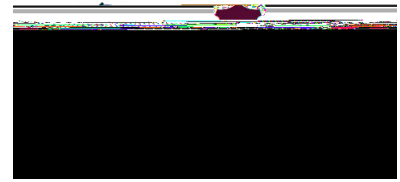


**CONFIDENTIAL**



## REQUEST FOR REDUCTION OF SCHOOL FEES 2024

CATHOLIC EDUCATION POLICY ON FEE REDUCTIONS

***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

# Studentatunt

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>

35 Tf. P / MCID 327DQ25 32960n2 36EMC / P .00/TT2 138 Tf12 55

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_