

## APPLICATION FOR FEE RELIEF

The Principal of each Diocesan school is required to ensure that all personnel involved in school fees management maintain strict confidence and respect for the circumstances, dignity and privacy of families. It should be noted that teaching staff do not have access to the status of a family's school fee balance or their financial arrangements with the school.

I/We advise that my family has circumstances of genuine financial hardship necessitating an Application for Fee Relief.

In making this application, I/We acknowledge the following conditions:

- On submission of this form we must seek to make an appointment to discuss the matter with the Principal at a mutually convenient time.
  - I/We understand that in the case where I/we have children in more than one school in the Diocese, this appointment should be made with the Principal of my/our eldest child, however, I/we may elect to have the matter dealt with by a Principal of a younger child.
  - o I/We understand that only one Principal will manage the matter and will keep all parties informed.
  - o In some instances it may be necessary to involve all stakeholders in Fee Relief Application decision making. If this is the case, it will occur in a committee style format, with the members being made up of the Principals of all schools where the children are enrolled, the Parish Priest and/or relevant officers of the Catholic Education Office.
- If the Application for Fee Relief is successful we will be notified in writing confirming the details of the relief granted.
- Any payment plan established as a result of lodging this Application for Fee Relief will require the lodgement of a Direct Debit or Centrepay Authority.
- An annual review of any Fee Relief will be required.
- I/We are required to inform the school if a change to our financial situation occurs whereby I/We are in a position to recommence payment of their school fees.

With reference reasons for your	•	ulty currently	being experie	enced, please o	outline the

FAMILY DETAILS									
PARENT/CARERS	S NAME AND C	ONTACT DETAIL	.S						
Parent's Name									
Address									
Phone AH		Phone BH	Mobile	Mobile					
Parent's Name									
Address									
Phone AH		Phone BH							
_									
CHILD/CHILDREN	NAME, SCHO	OL AND YEAR D	ETAILS						
Child's Name			T., 2	Т					
School			Year Group						
Child's Name			T., _	Т					
School			Year Group						
Child's Name			T., _	Т					
School			Year Group						
CL II II A									
Child's Name				Т					
School			Year Group						
Child's Name									
Child/a Navasa									
Child's Name			Vaar Crave	Т					
School			Year Group						
I/We <b>consent</b> to details of the Application for Fee Relief being provided to the Principal of other school/s that my child/children attend.									
Parent(s)/Carer(s) I	Name:		Signature:						
Parent(s)/Carer(s) I	Name:		Signature:						
Date: / /									
In support of your application, please include as much information as possible. For example:									

In support of your application, please include as much information as possible. For examples attach copies of any relevant material eg ATO Income Tax Assessment Notification/Health Card/Pay Slip/Centrelink Statement.

Please note that following an initial assessment of your application, you may be required to provide further information in regard to your financial situation.