



Bunbury Catholic College

Application for fee discount

BUNBURY
CATHOLIC COLLEGE

Confidential

Please email completed form and attachments to bcc.fees@cewa.edu.au

Details of Parent or Guardian:

Date:

Family Name:

Phone: (H)

Address:

Phone : (W)

Phone: (M)

Family Situation: Married/Separated/Divorced/Widow(er)/Other:

	Occupation	Employer	Hours Worked per Week
Father:			
Mother:			

Dependent Children	Age	School (if applicable)	Year	School Fees (per annum)
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Do you hold any of the following concession cards?

Pensioner Concession Card

Health Care Card

Veteran Affairs

Other

Please provide background information as to why you are requesting a fee concession.

Statement of Income & Expenditure

Please indicate whether information is:

Weekly

Fortnightly

Monthly

Income	\$	Office Use	Expenditure	\$	Office Use
Business - Gross Sales			House/Mortgage/Rent/Board		
- Net Profit			Other Loans		
Salary (after tax) - Self					
- Spouse					
Child Support					
Part Time Employment			Credit Card Payments (specify)		
Family Board & Lodgings					
Dividends					
Interest			Lease Rental (expiry 20)		
Rent			Paid to		
Commissions			Tax (if not deducted from income)		
Workers Compensation			Insurance - Life		
Family Tax Benefit Part A			- Home & Contents		
Family Tax Benefit Part B			- Health		
Parenting Payment			Car Reg/Insurance/Running costs		
Youth Allowance			Rates - Council		
Austudy			- Water		
Maintenance			Electricity/Gas/Water		
Sickness Allowance			Education Costs		
Newstart Allowance			Living Expenses - Food		
Partner Allowance			- Clothing		
Carer Payment			- Personal		
Disability Support Pension			Medical		
Rent Assistance			Internet/Home Telephone		
Other Income (specify)			Mobile Telephone		
			Entertainment		
			Other (specify)		
Total Income			Total Expenditure		
Less Total Expenditure					
Uncommitted Funds or Shortfall (show in brackets)					

This application must be accompanied by photocopies of the following Tick box to indicate attached

Pay slip(s) or Statement of Earnings from Employer(s)

Centrelink Statement of Income and copy of Pension/Health Care Card

Please indicate the value of school fees family can afford and frequency

If seeking discount on school fees please indicate amount

Note these applications are treated in strict confidence.

I/We declare that the information provided in this document is a true and accurate record of my/our current financial and asset position.

Signature: Father / Guardian

Mother / Guardian

Date:

Date:

Applications will be reviewed by Business Manager.