



BUNBURY
CATHOLIC COLLEGE

Bunbury Catholic College

Application for fee discount

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) |
|--------------------|-----|------------------------|------|-------------------------|
|--------------------|-----|------------------------|------|-------------------------|

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) Paid to | | |
| Rent | | | | | |
| 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: