

**TERM 4 2020**

**Confidential Application for Fee Concession**

**for those families affected by disruption of COVID-19**

**Customer/Account Holder Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | Marital Status: |  |
| Home Address: |  | | | | |
| Occupation: |  | Employer: |  | | |
| Phone (mob) |  | Phone (Home) |  | | |
| Phone (work) |  | Email: |  | | |

**Spouse/Partner/Additional Account Holder Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | Marital Status: |  |
| Home Address: |  | | | | |
| Occupation: |  | Employer: |  | | |
| Phone (mob) |  | Phone (Home) |  | | |
| Phone (work) |  | Email: |  | | |

**Dependants:** (Include only dependants residing with you and attending school or under school age).

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **School** | **Year level** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Do you already receive a concession?** | Yes ☐ | No ☐ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Customer/Account Holder**  **(Please select the relevant option**) | | **Spouse/Partner/**  **Additional Account Holder**  **(Please select the relevant option)** | |
| **COVID-19 Illness** | ☐ | | ☐ | |
| **Work Redundancy** | ☐ | | ☐ | |
| My Centrelink Job Seeker Payment is: | | My Centrelink Job Seeker Payment is: | |
| $ | per week | $ | per week |
| **Reduced Hours** | ☐ | | ☐ | |
| My income is now: | | My income is now: | |
| $ | per week (after tax) | $ | per week (after tax) |
| **Other Income** | $ | per week (after tax) | $ | per week (after tax) |
| **Total Weekly Combined Household Income** | | | **$** | |
|  | | |  | |
| **Household Housing Costs:** | | | **Total** (per week) | |
| Rent | | | $ | |
| Minimum Loan Repayments of Housing Property | | | $ | |
| Rates and House Insurance (exclude contents) | | | $ | |
| **Total Weekly Cost of Housing** | | | **$** | |

**Account Holder/s Declaration:**

I/We request consideration of my/our application for Fees Concession for my/our child/children’s education at St Ignatius School. I/We declare that the information supplied is a true and fair view of my/our current financial situation. I/We authorise St Ignatius School to make any necessary enquiries to enable assessment of this application.

**Signature of Account Holder Date Signature of Spouse/Partner/ Date**

**Additional Account Holder**

**NOTE: All information is treated confidentially.   
Concession applications cannot be processed without supporting documentation.**

**Supporting Documentation Requirements:**

* Documentation from employer outlining reduced hours
* Centrelink Income Statement. This document is available from Centrelink online account via Request a document