

Fee Concession Application

As a Catholic school, Sacred Heart College is committed to living the Mercy Education values of justice and compassion and as such families may be eligible for a fee concession if they are experiencing financial hardship, generally for reasons outside their control.

The College will consider personal financial choices when assessing applications. No allowance is made for repayments or expenses on items such as holiday houses, luxury cars, investment properties, pools etc. Similarly, holidays, excessive housing costs and the cost of students' extracurricular activities will be considered when assessing a family's financial hardship. If a family's priorities include these expenses, the financial burden of that decision remains with the family and **will not** be subsidised by the College.

Process

STEP 1

Complete the Fee Concession Application form by no later than **21 March 2025**, or as soon as you identify that your financial circumstances may impact your ability to meet your fee payments, and attach all required supporting documentation and submit the application.

STEP 2

The Finance Team will review the application and request any additional information that may be required. You may then be contacted to arrange a telephone or in-person meeting to discuss your situation further.

STEP 3

A decision on your application will be made and you will be notified in writing. Should your application be successful, details of the fee relief amount, agreed ongoing repayments and any other conditions will be provided to you in writing. Should your application be unsuccessful, you will be required to pay your fees in full.

Other Information

If concessions are required beyond the current year, a new application must be submitted each year.

The submission of a Fee Concession Application and subsequently entering into a payment plan may preclude a student's involvement and participation in optional, extracurricular activities and camps, including language camps, overseas camps, athletics competitions and other non-curriculum, non-compulsory excursions and activities.

If an applicant's financial circumstances improve and they no longer require fee relief, they must inform the Finance Team. Please note that if an applicant's financial circumstances do improve and they are able to pay their fees in full, their daughter may still be ineligible to participate in the above-mentioned extracurricular activities.

Fee Concession Application

Family Name: _____ Family Number: _____

Students Enrolled at Sacred Heart College:

Name	Year Level

Checklist

I/We have for **all** carers:

- Completed and signed this application
- Attached the most recent Notice of Assessment
- Attached payslips for the last 2 pay periods
- Attached two most recent Centrelink payment advice slips or statements
- Attached evidence of mortgage repayment or rental agreement showing cost
- Attached copy of Health Care Card
- Attached any other information in support of this application

Section 1

I/We acknowledge that the information I/we have provided on the following pages is provided to enable the College to fully consider my/our application for a variation to the normal fee conditions. I/we certify that the information provided by me/us is true and correct and nothing has been omitted which would lead the College to make an incorrect assessment. We also agree to a meeting with the Business Manager as required.

Signature of Parent/Carer 1: _____ Date: _____

Signature of Parent/Carer 2: _____ Date: _____

Privacy Statement

Sacred Heart College Geelong acknowledges that some of the information you are asked to provide in this 'Application for Concessional Fees' or subsequent additional information that may be sought could be of a personal or sensitive nature. The information is used only to assess this application. Identifying information is not provided to any other organisation except debt collection agencies, the College's legal advisors, or similar organisations where debt collection recovery action is instigated by the College. The College is not aware of any law that requires you to provide this information, however should you fail to provide full and accurate information the College may not consider your application. You have the right to access any personal information that the College holds about you, subject to the exceptions in the Privacy Act 1988 (Cth). You may also request the correction of information that is inaccurate.



Parent/Carer 1 Details

FULL NAME OF PARENT/CARER 1:
MARITAL STATUS: <input type="checkbox"/> single <input type="checkbox"/> married/de facto <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed
ADDRESS:
PHONE NUMBERS: mobile: _____ home: _____ work: _____
RESIDENTIAL STATUS: <input type="checkbox"/> renting <input type="checkbox"/> paying off home (mortgage) <input type="checkbox"/> own home <i>Where applicable, insert weekly mortgage or rent payments in item 11 on page 6.</i>
EMPLOYMENT STATUS: <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> home duties <input type="checkbox"/> unemployed (government support) <input type="checkbox"/> other (please describe): _____
IF EMPLOYED: Occupation: _____ Employer: _____ Date started: _____ Status: <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> casual <input type="checkbox"/> contract for a term (termination date) _____ <i>If you have more than one employer, please include full details of each</i> <i>Please write your average weekly gross income in item 1 on page 6 and attach copies of 2 recent payslips and most recent Notice of Assessment</i>
IF SELF EMPLOYED: What is your occupation & ABN? _____ <i>Please write your average weekly gross income in item 1 on page 6 and attach copy of most recent Notice of Assessment</i>
IF RECEIVING GOVERNMENT SUPPORT (CENTRELINK PAYMENTS): How long have you been receiving Government Support? _____ What type/s of benefit do you receive? _____ Attach copies of 2 most recent Centrelink payment advice slips Do you have a current Health Care Card? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please provide a copy and proceed to Parent/Carer 2 Details.</i>
DO YOU RECEIVE ANY OF THE FOLLOWING? <input type="checkbox"/> Child maintenance/support <input type="checkbox"/> Interest or dividends from investments <input type="checkbox"/> Rental receipts from any property <input type="checkbox"/> Other income (please describe) _____ <i>Include the weekly equivalent of the income above in items 3 and 4 on page 6</i>
HAVE YOU RECEIVED ANY LUMP SUM PAYMENTS IN THE LAST 2 YEARS? This can be as a result of termination of employment, redundancy, compensation, legal action, inheritance or superannuation <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please state the nature of the payment, the amount, and the date received:
DO YOU HAVE ANY SALARY SACRIFICE OR FRINGE BENEFIT ARRANGEMENTS WITH YOUR EMPLOYER? This includes any motor vehicle or equipment provisions, payment of expenses or additional superannuation contributions <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide details: _____ <i>Include the weekly equivalent of the net amount in item 5 on page 6</i>



Parent/Carer 2 Details

FULL NAME OF PARENT/CARER 1:
MARITAL STATUS: <input type="checkbox"/> single <input type="checkbox"/> married/de facto <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed
ADDRESS:
PHONE NUMBERS: mobile: _____ home: _____ work: _____
RESIDENTIAL STATUS: <input type="checkbox"/> renting <input type="checkbox"/> paying off home (mortgage) <input type="checkbox"/> own home <i>Where applicable, insert weekly mortgage or rent payments in item 11 on page 6</i>
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IF EMPLOYED: Occupation: _____ Employer: _____ Date started: _____ Status: <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> casual <input type="checkbox"/> contract for a term (termination date) _____ <i>If you have more than one employer, please include full details of each</i> <i>Please write your average weekly gross income in item 1 on page 6 and attach copies of 2 recent payslips & most recent Notice of Assessment</i>
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DO YOU HAVE ANY SALARY SACRIFICE OR FRINGE BENEFIT ARRANGEMENTS WITH YOUR EMPLOYER? This includes any motor vehicle or equipment provisions, payment of expenses or additional superannuation contributions <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide details: _____ <i>Include the weekly equivalent of the net amount in item 5 on page 6</i>



Section 2

Other Information

Number of Persons Living in the family home of the student	Number
Parents/Adult carers (who provided information on pages 2, 3 and 4)	
Other adults (eg grandparents, siblings who are employed or receive Government support)	
Dependent children	
Children's Fortnightly Centrelink (Youth Allowance) Child's Name _____ Age: _____ Child's Name _____ Age: _____ Child's Name _____ Age: _____	Amount \$ \$ \$
Siblings enrolled at other school's (other than Sacred Heart College) <i>Please provide name, school, and yearly fees</i> Child's Name: _____ School and Year Level: _____ Child's Name: _____ School and Year Level: _____ Child's Name: _____ School and Year Level: _____ Child's Name: _____ School and Year Level: _____	Yearly Fees \$ \$ \$ \$



Section 3

Financial Information

(Please note documentation as described on Pages 2, 3 and 4 must be supplied to support figures)

Income Per Week	Carer 1 (\$)	Carer 2 (\$)
Average weekly earnings (net of tax)		
Government Support		
Child Support/Maintenance		
Investment Income		
Value of any Fringe Benefits		
Government support received by students 16yrs or over		
TOTAL INCOME (A)		
Expenditure Per Week <i>(If carers have joint responsibility use one column only)</i>		
7. Food		
8. School Fees (other than Sacred Heart)		
9. Entertainment/Activities (include any sports, lessons etc)		
10. Clothing		
11. Mortgage/Rent		
12. Rates		
13. Motor Vehicle (weekly equivalent for fuel, repairs, tyres, registration, insurance)		
14. Electricity, Gas		
15. Telephone/Internet		
16. Insurance (Home and contents, life, etc)		
17. Health Insurance		
18. Medical Expenses		
19. Personal Loans, Hire purchase		
20. Credit Cards and Store Accounts		
21. Other Commitments		
TOTAL EXPENSES (B)		
SURPLUS / (DEFICIT) (A-B)		



Assets and Liabilities

Include the total value of all items you own (assets) and what you owe (liabilities)

Assets	Carer 1 (\$)	Carer 2 (\$)
Family Residence – Current Value		
Other Properties – Current Value		
Motor Vehicle/s		
Bank Accounts		
Investments (please describe)		
Other Assets (eg. boat, caravan, etc)		
TOTAL ASSETS		

Liabilities	Carer 1 (\$)	Carer 2 (\$)
Mortgage – Current Balance		
Motor Vehicle Loan/s		
Personal Loans		
Other Loans (please describe)		
Credit Card / Store Accounts Balance		
Other Liabilities (please describe)		
TOTAL LIABILITIES		



Section 4

This section must be completed for your application to be considered

Please provide reasons behind the need for financial assistance and whether you see this as a short term, or on-going issue.

Please provide a proposal for how much you can afford to pay. Please note that a value must be entered for this application to be considered:

Instalments of \$ _____

Weekly Fortnightly Monthly

Total between now and December 2025:

\$ _____

Leader of Business Operations Approval

Approval for Instalments of \$ _____, paid

Weekly Fortnightly Monthly

Total approved between now and December 2025:

\$ _____

Signature: _____ Date: _____



Educating Girls to Make a Difference

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