



Date:

Family Name:

CONFIDENTIAL

Home Address:

Mother's Name:

Occupation:

Employer's Name:

Marital Status:

Contact Phone No:

Father's Name:

Occupation:

Employer's Name:

Marital Status:

Contact Phone No:

Details of all Dependents:

Name	AJe	School	Year Level

Please note: Dependents include only those persons attending school or below school age

Details of Household Income:

Mother's Income, after tax (<i>enclose photocopy evidence</i>)	\$	Per week
Father's Income, after tax (<i>enclose photocopy evidence</i>)	\$	Per week
Other Income of dependents including Austudy (<i>enclose photocopy evidence</i>)	\$	Per week
ALL Centrelink payments eg Family Allowance, Parenting etc (<i>enclose photocopy evidence</i>)	\$	Per week
Other Income - Child support, Investments, etc (<i>do not include board from working children</i>)	\$	Per week
A. Gross Disposable Income	\$	Per week

LESS Cost of Housing:

Rent or Loan Repayments (<i>receipt or payment slip required</i>)	\$	Per week
Utilities eg Rates, Water, Electricity, Gas	\$	Per week
Maintenance (<i>if not renting</i>)	\$	Per week
Living Costs eg (<i>groceries, fuel, phone, internet, insurance</i>)	\$	Per week
B. Total Cost of Housing	\$	Per week
NET DISPOSABLE INCOME (A minus B)	\$	Per week

- I/WE am/are aware that this application cannot be considered unless all documented evidence is provided, and attach all photocopies.
- I/WE ask that you consider this request for Fee Support for my/our children's education.

Signature:



Signature:

**SCHOOL USE ONLY**

Notes:

Decision:

Authorisation (Principal)

Signature:

Date: