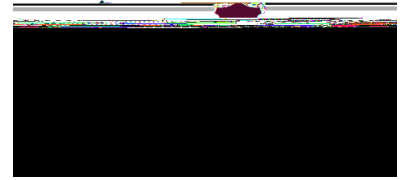


**CONFIDENTIAL**



## REQUEST FOR REDUCTION OF SCHOOL FEES 2024

CATHOLIC EDUCATION POLICY ON FEE REDUCTIONS

***This fully completed form together with a copy of the last payslips and Tax Return Assessment OR Social Security (Centrelink) statement notices should be returned to:***

Accounts Receivable  
Aranmore Catholic College  
PO Box 223  
LEEDERVILLE WA 6903

# Studentatunt

**PLEASE CAREFULLY AND FULLY COMPLETE THE FINANCIAL STATEMENT AND DECLARATION**

**Do you hold one of the following cards?**

Pensioner Health Benefits and Concession Card      Health Benefits Card      Health Care Card

**Average Monthly Sources of Income**

**Please provide details of all income**

|   |        |                 |
|---|--------|-----------------|
| Drawings from Business                              |        | \$ _____        |
| Wages/Salary (including overtime)                   | Self   | \$ _____        |
|   | Spouse | \$ _____        |
| Pensions  | Self   | \$ _____        |
|   | Spouse | \$ _____        |
| Family Allowance                                    |        | \$ _____        |
| Home Childcare Allowance                            |        | \$ _____        |
| Austudy   |        | \$ _____        |
| Contributions paid by Family Members (eg. Boarding) |        | \$ _____        |
| Child support/Maintenance                           |        | \$ _____        |
| Other (eg. Rent, Interest)                          |        | \$ _____        |
| <b>Total Income</b>                                 |        | <b>\$ _____</b> |

35 Tf. P / MCID 327DQ25 32980n2 36EMC / P .00/TT2 138 Tf12 55

