

## **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

		Account Holder the relevant option)		Spouse/Partner/ litional Account Holder se select the relevant option)	
COVID-19 Illness					
Work Redundancy	My Centrelink Jo	b Seeker Payment is:	My Cent	relink Job Seeker Payment is:	
	\$	per fortnight	\$	per fortnight	
<b>Reduced Hours</b>	My income is now	v:	My incor	me is now:	
	\$	per fortnight	\$	per fortnight	
Other Income	\$	per fortnight	\$	per fortnight	
Household Housing Costs:		Total (per fortnight)			
Rent			\$		
Minimum Loan Repayments of Housing Property			\$		
Rates and House Insurance (exclude contents)			\$		
Total Weekly Cost of Housing		\$			
Account Holder/s Dec	laration:				

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

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

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