

**APPLICATION FOR SPECIAL FEE ARRANGEMENT**



DETAILS OF PARENTS or GUARDIAN Date: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

51 Ellen St Fremantle WA 6160  
 PO Box 1345 Fremantle WA 6959  
 P: +61 9336 2700  
 F: +61 9336 2667  
[www.cbcfremantle.wa.edu.au](http://www.cbcfremantle.wa.edu.au)

FAMILY SITUATION: Married/Separated/Divorced/Widow(er)/Other \_\_\_\_\_ (Please Circle)

Occupation	Employer	Hours Worked/Week
Father: _____	_____	_____
Mother: _____	_____	_____

Dependent Children:	Age	School (if applicable)	Year	School Fees (P/A)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ARRANGEMENT REQUESTED: (please tick box)

Reduction of fees due to financial hardship

Extended payment period for fees

If either of the above arrangements are requested the Statement of Monthly income & Expenditure attached must be completed and submitted with the relevant documentation requested to the College Headmaster or Finance Manager.

Please provide a brief reason for this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed Father / Guardian \_\_\_\_\_

Signed Mother / Guardian \_\_\_\_\_

PLEASE COMPLETE THIS SECTION IF YOU HAVE APPLIED FOR A REDUCTION OF FEES DUE TO FINANCIAL HARDSHIP OR AN EXTENSION IN TIME FOR THE PAYMENT OF FEES:

**MONTHLY INCOME & EXPENDITURE**

Income	\$	Office Use	Expenditure	\$	Office Use
Business Income/Sales			House Mortgage/rent/board		
Net Profit			Other loans (specify)		
Salary (after Tax) Self					
Spouse					
Overtime			Credit Card Payments (specify)		
Part Time Employment					
Board paid by family			Lease/Rental (terminating)		
Dividends			Paid to		
Interest			Tax - if not deducted from inc		
Rents			Life Assurance		
Commissions			Car Rego/insurance/running cost		
Workers Compensation			Rates - Council & Water		
Rent Assistance (Centrelink)			Fuel, Light Power and water		
Family Payment			Education		
Pensions (Specify)			Living Expenses - Food		
Austudy			Clothing		
Maintenance			Personal Grooming		
Sickness Allowance			Medical		
Newstart Allowance			Telephone (Mobile)		
Partner Allowance			Entertainment		
Other (Give Details)			Other (specify)		

Total Monthly Income					
Less Total Monthly Expenditure			Total Monthly Expenditure		
Monthly Uncommitted or Overspent (in brackets)					

ASSETS	CURRENT VALUE	Office Use
House or place of residence		
Motor Car – Make Model/Year		
Motor Car – Make Model/Year		
Boat/Caravan/Jet ski/Etc		
Govt Bonds/Debentures		
Shares/Investments		
Holiday/Investment Property		
Bank and other Financial institution Accounts		
Other Assets (Detail)		

This application cannot be processed further without photocopies of the following

Tick Box if included.

Your last tax Return(s)

Pay slip(s) or letter(s) of earnings from Employer(s)

Centrelink/Social Security Statement of Income/Pension/Health Care Card

Note these applications are treated in strict confidence. The College criteria needs to be met for the assessment of these applications. Parents (Guardian/s) are informed in writing of the outcome of their assessment. Parents (Guardian/s) are required to reapply for consideration for fee reduction at the end of each school year.

I (We) make this declaration conscientiously and diligently, believing the statements contained herein To be true in every particular.

Signature of all Applicants \_\_\_\_\_

**OFFICE USE ONLY**

Recommendation:

Headmaster's Authorisation:

Date: