



## TERM 3 and 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

<b>Do you already receive a concession?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	<b>Customer/Account Holder</b> (Please select the relevant option)	<b>Spouse/Partner/ Additional Account Holder</b> (Please select the relevant option)
<b>COVID-19 Illness</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Work Redundancy</b>	<input type="checkbox"/> My Centrelink Job Seeker Payment is: \$                      per week	<input type="checkbox"/> My Centrelink Job Seeker Payment is: \$                      per week
<b>Reduced Hours</b>	<input type="checkbox"/> My income is now: \$                      per week (after tax)	<input type="checkbox"/> My income is now: \$                      per week (after tax)
<b>Other Income</b>	\$                      per week (after tax)	\$                      per week (after tax)
<b>Total Weekly Combined Household Income</b>		<b>\$</b>
<b>Household Housing Costs:</b>		<b>Total</b> (per week)
Rent		\$
Minimum Loan Repayments of Housing Property		\$
Rates and House Insurance (exclude contents)		\$
<b>Total Weekly Cost of Housing</b>		<b>\$</b>

**Account Holder/s Declaration:**

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

<b>Signature of Account Holder</b>	<b>Date</b>	<b>Signature of Spouse/Partner/ Additional Account Holder</b>	<b>Date</b>

**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