



APPLICATION FOR FEE REMISSION

In order for the school to consider an application for fee remission, the following questions must be answered. All information will be treated in strictest confidence with only the Canonical Administrator and Principal having access to the completed form. Please complete all questions. If you require assistance in filling in the form please contact the Principal.

NAME: _____ PH: _____

ADDRESS: _____ POST CODE: _____

EMPLOYMENT DETAILS		
	Carer 1:	Carer 2:
Name:		
Employer:		
Position:		

CHILDREN ATTENDING SIENA	
Name:	Year level:

OTHER DEPENDANTS		
Name:	Age:	Home/Name of school:

FAMILY INCOME PER FORTNIGHT	\$	COMMITMENTS PER FORTNIGHT	\$
Carer 1's wages (after tax) per F/n:	\$	House Mortgage Repayments:	\$
Carer 2's wages (after tax) per F/n:	\$	Rent:	\$
Regular Overtime:	\$	Car Loan:	\$
Pension/Social Security:	\$	Credit Cards:	\$
Family Allowance/Supplement:	\$		
Austudy:	\$	Other Loans:	\$
Maintenance:	\$	Other School Fees:	\$
Other Income (give details):	\$		
		Living Expenses:	\$
TOTAL:	\$	TOTAL:	\$

Are you eligible for a Centrelink Health Care Card? *(please circle)* **YES / NO**

Other comments relevant to your application: _____

Signed: _____ Date: _____

OFFICE USE ONLY	<i>Application Approved / Rejected</i>	<i>Remission Amount: \$</i>	<i>Signed:</i>
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