

# Financial Assistance Application



St Joseph's School  
 PO Box 971  
 14 Mortlock Terrace  
 Port Lincoln SA 5606  
 Phone: (08) 8683 2400

*This form is to be completed if you are seeking financial assistance with school fees. Fees may be varied by way of reduction or extension of time for payment. All applications will be considered on an individual basis for the current school year only.*

**\*\* Applications must be accompanied by a letter outlining the reasons for the application \*\***

**Parent / Guardian (1)**

**Parent / Guardian (2)**

Name .....  
 Address .....  
 .....  
 Post Code .....  
 Phone .....  
 Occupation .....  
 Employer .....

Name .....  
 Address .....  
 .....  
 Post Code .....  
 Phone .....  
 Occupation .....  
 Employer .....

Names of all Dependent Children	Age	School	Year Level
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**FAMILY INCOME**

Proof of family income is required to be considered for a remission. Copies of the following are to be attached (for both applicants if applicable)

Most recent ATO Notice of Assessment     3 recent payslips     Income Statement from Centrelink

I am in a position to pay \$ ..... per week / fortnight / month.

I certify that the information contained above is correct:

Signature Parent / Guardian: ..... Date: ..... / ..... / .....

Signature Parent / Guardian: ..... Date: ..... / ..... / .....

<p><b><u>OFFICE USE ONLY</u></b></p> <p>.....</p> <p>Signed: ..... Principal / Business Manager</p>
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