

SACRED HEART COLLEGE KYNETON
94 HIGH STREET KYNETON
VIC 3444

CONFIDENTIAL

Application for Fee Concession 2026

FAMILY NAME:

Student/s at Sacred Heart College and their Year Level in 2026		
Surname	Given name	Year Level
1.		
2.		
3.		
4.		

Family Details	
Number of persons living in the family home of the student:	Number
Parents/Adult guardians	
Other adults (e.g. older siblings who are employed or receive Government support)	
Dependent children (including students attending Sacred Heart College)	

Based on the information which we are providing in this application, and on our personal circumstances, I/we believe that our maximum capacity to contribute to our student/s education at Sacred Heart College in 2026 is:

\$

weekly

fortnightly

monthly

yearly

Please provide a description of your family’s situation and need for a Fee Concession, including your assessment/estimate as to how long your current circumstances may last.

Parent/Guardian 1		Please select the relevant options	
Given Names		Surname	
Marital Status	☐ Single	☐ Married/De facto	☐ Separated
		☐ Divorced	☐ Widowed
Residential Address			
Suburb/Town		Postcode	
	Best Contact Number		
Email			
Postal Address (if different from above)			
Suburb/Town		Postcode	

1. Are you:	☐ Renting	☐ Paying home off	☐ Own your home
--------------------	----------------------------------	--	--

2. Are you:	☐ Employed	☐ Self-employed	☐ Home duties	☐ Receiving government support
	☐ Other status – describe:			

3. If Employed:

Occupation:	
-------------	--

Employer:	Date Started
-----------	--------------

Status: ☐ Full-time ☐ Part-time ☐ Casual ☐ Contract for a term Termination date of contract

If you have more than one employer include full details of each:

4. If self-employed:

What is your occupation?	
--------------------------	--

5. If receiving government support

How long have you been receiving Government Support?	
--	--

Do you have a current Health Care Card? ☐ Yes ☐ No

*If the answer is **YES**, please provide a scanned copy of the Health Care Card.*

*If the answer is **NO**, please provide 3 months of bank statements as confirmation of income level.*

6. Do you receive

☐ Income or interest from investments/shares	
☐ Child maintenance support	
☐ Other income (please describe)	

7. Have you received any lump sum payments in the past two

employment, redundancy, compensation, legal action or	☐ YES		☐ years as a result of termination of	
			inheritance?	NO

If Yes, state the nature of the payment, the date received and, the amount

Parent/Guardian 2
Please select the relevant options

Given Names		Surname	
Marital Status	☐ Single	☐ Married/De facto	☐ Separated
	☐ Divorced	☐ Widowed	
Residential Address			
Suburb/Town			Postcode
Best Contact Number			
Email			
Postal Address (if different from above)			
Suburb/Town			Postcode

1. Are you: ☐ Renting ☐ Paying home off ☐ Own your home

2. Are you: ☐ Employed ☐ Self-employed ☐ Home duties ☐ Receiving government support

☐ Other status –

describe:

3. If Employed: Occupation:

Employer:	Date Started
-----------	--------------

Status: ☐ Full-time ☐ Part-time ☐ Casual ☐ Contract for a term Termination date of contract

If you have more than one employer include full details of each:

4. If self-employed: What is your occupation?

5. If receiving government support

How long have you been receiving Government Support?

Do you have a current Health Care Card? ☐ Yes ☐ No

*If the answer is **YES**, please provide a scanned copy of the Health Care Card.*

*If the answer is **NO**, please provide 3 months of bank statements as confirmation of income level.*

6. Do you receive

☐ Income or interest from investments/shares

☐ Child maintenance support

☐ Other income (please describe)

7. Have you received any lump sum payments in the past two years as a result of termination of employment, redundancy, compensation, legal action or inheritance? YES NO

If Yes, state the nature of the payment, the date received and, the amount

Ref:LPA/MS/AppConform2021

FINANCIAL INFORMATION

Income per week (\$)		Parent / Guardian 1	Parent / Guardian 2
	1. Average weekly salary/wages/other earnings	\$	\$
	2. Government Support	\$	\$
	3. Child support/maintenance	\$	\$
	Total Income:	\$	\$
Commitments per week (If parent/guardian have joint responsibility use one column only)		Parent / Guardian 1	Parent / Guardian 2
	4. Mortgage or rental payments	\$	\$
	5. Other Loans/ Other Financial Commitments	\$	\$
	Total Commitments:	\$	\$

CERTIFICATION

I/we acknowledge that the information I/we have provided here and on the following pages is to enable the College to fully consider my/our application for a variation to the normal fee conditions. I/we certify that the information provided by me/us in this document is true and correct, and nothing has been omitted which would lead the College to make an incorrect assessment.

Parent/Guardian

Date

Signature of Parent/Guardian 1

Parent/Guardian

Date

Signature of Parent/Guardian 2

IMPORTANT

Please **attach at least one of the following** in support of your application:

1. Three Months' worth of Banking Statements confirming your main income, **OR**;
2. A copy of your Health Care Card

To ensure confidentiality is maintained, please submit this form directly to mshaw@shckyneton.catholic.edu.au or to accountsreceivable@shckyneton.catholic.edu.au.

If preferred, hard copies can be submitted in a sealed envelope marked attention to the Business Manager.