

MOUNT CARMEL COLLEGE

A Catholic Co-educational Years R-12 School in the Josephite Tradition



REQUEST FOR FEE ASSISTANCE (COVID 19 & OTHER)

Fee remissions are being considered & reviewed as we continue to monitor the impact of COVID-19 on our community.

Applicant Name: Child Name/s (if currently enrolled): Phone Number Email Address Change of Circumstance Please briefly explain your change in circumstances that has resulted in you needing financial assistance e.g. loss of employment, reduction in hours, closure of business. Provide brief detail of reason: Are you able to provide any of the following supporting documentation? A letter or notification from your employer An application to Centrelink Any paysilps that demonstrate an income reduction Any paysilps that demonstrate an income reduction Cher: Please provide details: Assistance requested 1. Level (\$) of Fee Remission (if relevant) you require your automatic payments to be suspended? If so, date you would like to resume: Business owner Unemployment Business owner	Fami	ly Information							
enrolled): Phone Number Email Address Change of Circumstance Please briefly explain your change in circumstances that has resulted in you needing financial assistance e.g. loss of employment, reduction in hours, closure of business. Provide brief detail of reason: Are you able to provide any of the following supporting documentation? A letter or notification from your employer									
Change of Circumstance		` •							
Change of Circumstance Please briefly explain your change in circumstances that has resulted in you needing financial assistance e.g. loss of employment, reduction in hours, closure of business. Provide brief detail of reason: Are you able to provide any of the following supporting documentation? A letter or notification from your employer An application to Centrelink Any payslips that demonstrate an income reduction A business registration form, ABN, or other lodgement form (e.g. BAS) that can demonstrate business ownership. Other: Please provide details: Assistance requested 1. Level (\$) of Fee Remission (if relevant) you require your automatic payments to be suspended? If so, date you would like to resume: Resume Date: 3. Do you require your automatic payments to be reduced? 4. I have paid my fees in advance and request a refund. Declaration Loonfirm that the information provided in respect of this application is true and complete.	Phon	ne Number							
Please briefly explain your change in circumstances that has resulted in you needing financial assistance e.g. loss of employment, reduction in hours, closure of business. Provide brief detail of reason: Are you able to provide any of the following supporting documentation?	Emai	il Address							
Please briefly explain your change in circumstances that has resulted in you needing financial assistance e.g. loss of employment, reduction in hours, closure of business. Provide brief detail of reason: Are you able to provide any of the following supporting documentation?	Change of Cinamentons								
that has resulted in you needing financial assistance e.g. loss of employment, reduction in hours, closure of business. Provide brief detail of reason: Business owner Business Business owner Business owner Business Business owner Business owner Business owner Business Business owner Business Business owner Business									
Provide brief detail of reason: Are you able to provide any of the following supporting documentation? A letter or notification from your employer	that has resulted in you needing financial assistance			- ,					
Are you able to provide any of the following supporting documentation? A letter or notification from your employer				Business owner		Illness / Other			
A letter or notification from your employer An application to Centrelink Any payslips that demonstrate an income reduction A business registration form, ABN, or other lodgement form (e.g. BAS) that can demonstrate business ownership. Other: Please provide details: Assistance requested 1.	Provide brief detail of reason:								
A letter or notification from your employer An application to Centrelink Any payslips that demonstrate an income reduction A business registration form, ABN, or other lodgement form (e.g. BAS) that can demonstrate business ownership. Other: Please provide details: Assistance requested 1. Level (\$) of Fee Remission (if relevant) you require to be considered? Do you require your automatic payments to be suspended? If so, date you would like to resume: 3. Do you require your automatic payments to be reduced? 4. I have paid my fees in advance and request a refund. Doclaration I confirm that the information provided in respect of this application is true and complete.									
A letter or notification from your employer An application to Centrelink Any payslips that demonstrate an income reduction A business registration form, ABN, or other lodgement form (e.g. BAS) that can demonstrate business ownership. Other: Please provide details: Assistance requested 1.									
A letter or notification from your employer An application to Centrelink Any payslips that demonstrate an income reduction A business registration form, ABN, or other lodgement form (e.g. BAS) that can demonstrate business ownership. Other: Please provide details: Assistance requested 1.									
A letter or notification from your employer An application to Centrelink Any payslips that demonstrate an income reduction A business registration form, ABN, or other lodgement form (e.g. BAS) that can demonstrate business ownership. Other: Please provide details: Assistance requested 1.	Are you able to provide any of the following comparting decorporation?								
An application to Centrelink)	
A business registration form, ABN, or other lodgement form (e.g. BAS) that can demonstrate business ownership. Other: Please provide details: Assistance requested 1. Level (\$) of Fee Remission (if relevant) you require to be considered? Do you require your automatic payments to be suspended? If so, date you would like to resume: Resume Date: 3. Do you require your automatic payments to be reduced? I have paid my fees in advance and request a refund. Account Name Account Name SBB Number Declaration Lonfirm that the information provided in respect of this application is true and complete.	· · ·				☐ Yes	□ No)		
demonstrate business ownership. Other: Please provide details: Assistance requested 1. Level (\$) of Fee Remission (if relevant) you require to be considered? Do you require your automatic payments to be suspended? If so, date you would like to resume: Resume Date: 3. Do you require your automatic payments to be reduced? I have paid my fees in advance and request a refund. Account Name	Any payslips that demonstrate an income reduction					☐ Yes	□ No		
Assistance requested 1. Level (\$) of Fee Remission (if relevant) you require to be considered? 2. Do you require your automatic payments to be suspended? If so, date you would like to resume: 3. Do you require your automatic payments to be reduced? 4. I have paid my fees in advance and request a refund. Declaration Declaration Confirm that the information provided in respect of this application is true and complete.						□ Yes	□ No	1	
Level (\$) of Fee Remission (if relevant) you require to be considered? Do you require your automatic payments to be suspended? If so, date you would like to resume: Resume Date: 3. Do you require your automatic payments to be reduced? Yes No New Amount \$	·								
1. Level (\$) of Fee Remission (if relevant) you require to be considered? Do you require your automatic payments to be suspended? If so, date you would like to resume: Resume Date: 3. Do you require your automatic payments to be reduced? I have paid my fees in advance and request a refund. Account Name Account Number BSB Number Declaration I confirm that the information provided in respect of this application is true and complete.									
1. Level (\$) of Fee Remission (if relevant) you require to be considered? Do you require your automatic payments to be suspended? If so, date you would like to resume: Resume Date: 3. Do you require your automatic payments to be reduced? I have paid my fees in advance and request a refund. Account Name Account Number BSB Number Declaration I confirm that the information provided in respect of this application is true and complete.									
Level (\$) of Fee Remission (if relevant) you require to be considered? Do you require your automatic payments to be suspended? If so, date you would like to resume: Resume Date: 3. Do you require your automatic payments to be reduced? Yes No New Amount \$	Assistance requested								
Do you require your automatic payments to be suspended? If so, date you would like to resume: Do you require your automatic payments to be reduced? I have paid my fees in advance and request a refund. Declaration I confirm that the information provided in respect of this application is true and complete.		•	sion (if relevant) you						
2. suspended? If so, date you would like to resume: Resume Date: 3. Do you require your automatic payments to be reduced? I have paid my fees in advance and request a refund. Account Name Account Number BSB Number Declaration I confirm that the information provided in respect of this application is true and complete.	1.								
If so, date you would like to resume: Resume Date: Do you require your automatic payments to be reduced? I have paid my fees in advance and request a refund. Account Name		Do you require your au	tomatic payments to be	☐ Yes ☐ No	0				
3. Do you require your automatic payments to be reduced? 4. I have paid my fees in advance and request a refund. Account Name	2.	suspended?							
7 reduced? I have paid my fees in advance and request a refund. Account Name									
4.	3.								
Declaration I confirm that the information provided in respect of this application is true and complete.	_	I have paid my fees in advance and request a		Account Name					
I confirm that the information provided in respect of this application is true and complete.	4.	refund.		r					
I confirm that the information provided in respect of this application is true and complete.	Declaration								
					<u>'</u>				
	2.9.10								



Primary Campus
17 Pennington Terrace, Pennington
Phone: 8447 0500



Secondary Campus 33 Newcastle Street, Rosewater Phone: 8447 0500