Confidential Application Low – Medium Income Discount 2025

PARENTAL/GUARDIAN DETAILS

Parent /



This Application is to be used to request a 50% Discount on fees for families who have a taxable income between \$74,189 up to and including \$120,000, a meeting with the Business Manager may be required to discuss your application.

Parent /

Guardian #1				Guardian #2				
Address				Address				
Contact Number				Contact Number				
Email				Email				
Occupation				Occupation				
Employment status (if Applicable)	Full Time	Full Time / Part Time / Casual		Employment status (if Applicable)	Full Time / Part Time / Casual			
Name of Dependent Children			Age	Campus			Year Level	
TAXATION NOTICE OF ASSESSMENT INFORMATION A copy of each Parent / Guardian latest Taxation Notice of Assessment (NOA)must be provided to be able to receive this Discount								
	00	Taxable Income		Date of Notice of Assessment			Copy of NOA attached	
Parent / Guardi	an #1							

Parent / Guardian #2

I/we certify that the information contained in this Application is correct. I/we understand that if any of the information provided is found to be false or misleading, or if it is discovered that there have been material omissions, any relief may be withdrawn and reverts to fees being payable on time. I/we hereby agree to notify the College within 7 days of any improvement in financial position. I/we understand that the information provided in this application and any supporting documentation will be used for the sole purpose for which it was collected and will not be disclosed to any third party (other than upon default, where it may be passed to debt collection agencies) Parent / Guardian #1

Signature

Date

OFFICE USE ONLY:		
Application Received on:	Date:	
Family Billing ID		#
NOA documentation received		Yes
		No
Meeting required with Business Manager		Yes
		No
Application Approved		Yes Discounted Amount \$
		No
Notes (Office use Only) Credit Note #		Scanned - CIVICA Debtor Reports

Signature

Date