tarremah **steiner school**

# APPLICATION FOR FEE RELIEF

# CONFIDENTIAL

Please e-mail your Fee Relief request to business.manager@tarremah.tas.edu.au; or alternatively hand in at our reception in an enclosed envelope addressed to the Business Manager.

Fee relief provides **short-term** financial assistance to families experiencing unexpected difficulties in their financial circumstances.

## PERSONAL DETAILS

| | Parent/Guardian 1 | Parent/Guardian 2 |
|---|---|---|
| **Name** | | |
| **Address** | | |
| | | |
| **Postcode** | | |
| **Phone - home** | | |
| **Phone - work** | | |
| **Phone - mobile** | | |
| **email** | | |
| **Occupation/s** | | |

Fee relief is offered for a maximum of 12 months. Please indicate when you would need this to start, and for how long.

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### Students at Tarremah Steiner School

Please write down the full name, including the family name, of each student currently enrolled at Tarremah:

| Name | Class |
|---|---|
| **1** | |
| **2** | |
| **3** | |
| **4** | |
| **5** | |

### People in Household

Please write down the names of all the people who live in your household. Please indicate whether these are dependants, unemployed or working:

| Name | Dependent/Working/Unemployed |
|---|---|
| **1** | |
| **2** | |
| **3** | |
| **4** | |
| **5** | |
| **6** | |

# DECLARATION OF INCOME

## Net Income (Income from work after Tax)

Please indicate every source of income in the household. The net amount is the amount after tax is paid.

| Indicate all sources of employment income | Indicate amount if received Weekly | Indicate amount if received Fortnightly | Indicate amount if received Monthly | Calculate or estimate Annual |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| TOTAL | | | | |

## Government Benefits

All Government benefits must be declared. This includes all pensions, benefits and other payments, such as family allowance.

| Name of benefit received | Indicate amount if received Fortnightly | Calculate or estimate Annual |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| TOTAL | | |

## Child Maintenance Payments

All child maintenance payments must be declared.

| Indicate all sources of child maintenance | Indicate amount if received **Weekly** | Indicate amount if received **Fortnightly** | Indicate amount if received **Monthly** | Calculate or estimate **Annual** |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| TOTAL | | | | |

## Other Sources of Income (Please Specify)

These should include any board from family members or lodgers, rental income, annuities, inheritances, dividends, income from sale of assets, assistance from extended family, known one-off or lump sum receipts that may come in during the year.

| Indicate all other sources of income | Indicate amount if received **Weekly** | Indicate amount if received **Fortnightly** | Indicate amount if received **Monthly** | Calculate or estimate **Annual** |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| TOTAL | | | | |

TOTAL NET ANNUAL INCOME from all sources after tax: $_____

# DECLARATION OF EXPENSES

## Property Expenses

| Item | Indicate amount if paid **Weekly** | Indicate amount if paid **Fortnightly** | Indicate amount if paid **Monthly** | Indicate amount if paid **Quarterly** | Calculate or estimate **Annual Amount** |
|---|---|---|---|---|---|
| Mortgage/Rent/Board | | | | | |
| Water & Council Rates | | | | | |
| Electricity/gas/wood | | | | | |
| House & contents Insurance | | | | | |
| General Maintenance Expenses | | | | | |

## Household Expenses

| Item | Indicate amount if paid **Weekly** | Indicate amount if paid **Fortnightly** | Indicate amount if paid **Monthly** | Indicate amount if paid **Quarterly** | Calculate or estimate **Annual Amount** |
|---|---|---|---|---|---|
| Groceries, clothing, personal expenses | | | | | |
| Medical expenses - insurance & bills | | | | | |
| Phone | | | | | |
| Private travel expenses – car fuel, registration, insurance, car loan, repairs, etc | | | | | |
| Life/income protection insurance | | | | | |
| Personal superannuation | | | | | |
| Bank or other Loans: | | | | | |
| Tarremah School Fees | | | | | |

## **Other Expenses** (Please specify)

| Item | Indicate amount if paid **Weekly** | Indicate amount if paid **Fortnightly** | Indicate amount if paid **Monthly** | Indicate amount if paid **Quarterly** | Calculate or estimate **Annual Amount** |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## Other Education Expenses (NOT Tarremah)

| Item | Indicate amount if paid **Weekly** | Indicate amount if paid **Fortnightly** | Indicate amount if paid **Monthly** | Indicate amount if paid **Quarterly** | Calculate or estimate **Annual Amount** |
|---|---|---|---|---|---|
| School Fees | | | | | |
| Pre-school & Childcare | | | | | |
| Self-education expenses | | | | | |

TOTAL ANNUAL EXPENSES: $_____

ANNUAL SURPLUS / DEFICIT $_____
(Total Annual Income LESS Total Annual Expenses)

# DECLARATION OF ASSETS

**Home:**

**Owned/Mortgaged (please circle) ..... Value of home: $_____**

**Amount of mortgage outstanding: $_____**

## Bank Accounts

Please include all bank-type accounts.

| Name of Account/Bank | Balance |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

## Investments

Include here any real estate, shares, bonds or any other such investment which are held by you or are being held for you.

| Description of Investment (excluding family home & furnishings) | Value |
|---|---|
| 1 | |
| 2 | |
| 3 | |

## Other Assets

Include here any cars, cash, art works, life insurance, superannuation, debts owed to you or any other assets that may be being held by or for you.

| Type of Asset | Current Value |
|---|---|
| 1 | |
| 2 | |
| 3 | |

## Reason for Application

Please explain the unexpected difficulties in your financial circumstances requiring you to seek Fee Relief.

_____

_____

_____

_____

_____

**Thank you for your application. Please sign the declaration below and send the complete application to the Business Manager. Applicants will be notified as soon as possible.**

**I/we declare that all the details in this form represent to the best of my/our knowledge a full and honest disclosure of all of my income, expenditure and assets.**

**Signed: _____ Date _____**

**Office Use Only**

**Fee Relief outcome:**

**Outcome issued by:**