Low income and remission application form 2027

SACRED HEART COLLEGE

Please complete this form and return it to accounts@shc.sa.edu.au by **30 NOVEMBER 2026**. All requests for fee assistance are required to be reviewed on an annual basis. It is necessary to apply for assistance every year if required. All information contained in this application is strictly confidential. All applications are assessed on Income and/or Assets.

* If required, split/separated families may copy this page and have each enrolling parent/carer complete the information individually.

Enrolling parents/caregivers

PARENT/CAREGIVER 1

Surname	Given Name

PARENT/CAREGIVER 2

Surname	Given Name

Marital status	O Married	O Divorced	O Separated	O Single	O De Facto

Student/s attending Sacred Heart College

SURNAME	GIVEN NAME	2027 YEAR LEVEL

SECTION 1 – Low Income Discount * Complete ONLY Section 1 or Section 2

O I/We would like to apply for **Low Income Discount** (Joint Income below $97,000)

Please supply the following document to support your application:

O 2026 ATO Assessment (or 2025 ATO Assessment if your tax has not been completed) **OR**

O Centrelink Statement.

SECTION 2 – Fee Remission * Complete ONLY Section 1 or Section 2

O I/We would like to apply for **Fee Remission** (Joint Income above $97,001)

Please complete the table below and supply the following document to support your application:

Assets and liabilites

House/Property	$	Mortgage	$
Motor vehicle	$	Credit accounts	$
Shares	$	Bankcard/Visa etc.	$
Bank accounts	$	Retail store cards	$
Other	$	Other	$
TOTAL ASSETS	**$**	**TOTAL LIABILITIES**	**$**

Please complete the table above and supply the following document to support your application:

O 2026 ATO Assessment (or 2025 ATO Assessment if your tax has not been completed) - **Mandatory, must be supplied**

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Please advise any other circumstances that the College should be aware of:

Enrolling parents/caregivers declaration

I/We hereby certify that to the best of my/our knowledge, the information supplied is complete and correct.

I/We give the College consent to notify relevant financial details of the fee remission granted by the College to any other school in the South West Region attended by my/our child(ren).

PARENT/CAREGIVER 1	
Surname	Given Name(s)
Signature	
PARENT/CAREGIVER 2	
Surname	Given Name(s)
Signature	

Office use only

Family ID	**Discount Applied $**
Low Income Discount Application	**Date Approved**
Fee Remission Application	**Total Tuitions Fees $**
Approved	**Notified Applicant/s**