

School Fees Concession Program

For eligible families under the eligibility criteria

School: ST JOHN THE BAPTIST FERNTREE GULLY



Applicant details			
Surname:	First name:		
Address:			
Children attending this school			
Name		Age	Year level
1			
2			
3			
4			
Please indicate which category you are applying	ng under		
Criteria		Indicat	e if applicable
Aboriginal or Torres Strait Islander			
Services Australia Health Care Card holder			
Department of Veterans' Affairs Gold Card hol	der		
Department of Home Affairs ImmiCard (proof of	of identity card) holder		
Refugee, where the child has attended a school	ol in Australia for less than five years	3	
Required to transfer to St Michael's School, No the Royal Children's Hospital	orth Melbourne, for treatment at		
Experiencing genuine financial hardship			
Homeschooled, but attending a MACS primary the above criteria	school part-time and meeting any c	of	
Other (please indicate):			
For Card holder categories:			
Card type (please indicate where applicable)			
	Affairs Gold Card Immi	Card 🗌	
Card details for the relevant category			
Card no.: Card code	e: Expiry da	ate:	
Please attach the following forms (unless already Completed direct debit request (DDR) see payment of the concessional amount Completed Camps, Sports and Excursion	rvice agreement or copy of Centrep	ay deduction	authority for
Declaration			
 I declare that: I/my child is eligible for the School Fee Co the card I have applied under is in my nan fees I will notify the school if my card status ch I understand that I must submit a new applied has been completed. 	ne and I am the person responsible anges during the year	for the paym	