

Health Care Card.

## St Joseph's Primary School 70 Botanic Road, Warrnambool

## **2018 FAMILY FEE ASSISTANCE SCHEME**

Family Name:				
Student Names:		Year:	-	_
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I wish to apply for the Family Fee Assistance Scheme fee concession offered by the Catholic Education Office, Ballarat and make the commitment to pay \$520 for family fees (not including Capital fees). I understand that I am still required to pay all other fees as required including the Capital fee, student fees, swimming programs, school camps, excursion fees, school and LRC bags and the senior school Chromebook.				
I am eligible to claim fo	or this allowance and have given a	copy of n	ny Health Care	Card.
This equates to a credi	t of \$780 from your 2018 St Joseph	n's family	Fees.	
I/We are eligible for the	Family Fee Assistance and have giver	ı a copy of	our health Care	Card Yes / No
I/We wish to apply for F	amily Fee Assistance under the Dioce	san schem	e	Yes / No
3				×
Signed:	Date	:		

This form needs to be completed and returned to the school office with a copy of your