



# ***All Saints Parish School***

Principal ~ Mrs. Gloria Council

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## **FAMILY FEE ASSISTANCE SCHEME**

Family Name: \_\_\_\_\_

Student Names: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am eligible and have claimed the Education Maintenance Allowance. I wish to apply for the Family Fee Assistance Scheme fee concession and make the commitment to pay \$520 for tuition and capital fees and other additional charges such as camps, book hire, subject levies as required.

I would like to pay our fees on the following basis: (please tick appropriate box)

Weekly	<input type="checkbox"/>	Amount \$ _____
Fortnightly	<input type="checkbox"/>	Amount \$ _____
Monthly	<input type="checkbox"/>	Amount \$ _____
Termly	<input type="checkbox"/>	Amount \$ _____
Annually	<input type="checkbox"/>	please specify month _____

Signed: \_\_\_\_\_ Date: \_\_\_\_\_