Low income discount form 2024



Please complete this form and return it to accounts@shc.sa.edu.au or the Champagnat Campus or Marcellin Campus Front Office.

Enrolling parents/caregivers					
PARENT/CAREGIVER 1					
Surname		Given Name			
PARENT/CAREGIVER 2					
Surname		Given Name			
Children enrolled at Sacred Hear	t College in 2024	4			
CHILD1					
Surname Given Name			2024 Year Level		
CHILD 2					
Surname	Given Name		2024 Ye	2024 Year Level	
CHILD 3					
urname Given Name			2024 Ye	2024 Year Level	
I/We being the enrolling Parents/Caregivers a ending 30 June 2023 our taxable incomes wer and I/We wish to apply for Low Income Discount Income less than \$50,000 per annum Income \$50,001 - \$60,000 per annum Income \$60,001 - \$72,000 per annum (Please note that we require proof of income finformation can be forwarded to this office se	re below the income level int. based on: - 50% discount n - 35% discount n - 20% discount from both enrolling par	vels advised in the 2024	4 Fees and Finance	nformation Booklet	
A copy of our 2023 Taxation Assessment is a	on of our earnings.	O YES	O NO		
PARENT/CAREGIVER 1					
Surname	Given Name				
Signature		1			
PARENT/CAREGIVER 2					
Surname		Given Name			
Signature					
0"					
Office use only					
		tal Tuition Fee \$			
		count Applied \$			
Approved	Dat	te			