

LOW-MEDIUM INCOME DISCOUNT 2025

CONFIDENTIAL APPLICATION FORM

This Application is to be used to request a 50% Discount of Tuition Fees for families who have a combined taxable income between \$74,189 and \$120,000.



**ST MARK'S
COLLEGE**

PARENT(S)/ GUARDIAN(S) DETAILS

Name	Address
Name	Address
Phone Number: Parent / Guardian #1	Phone Number Parent / Guardian #2
Email Address	

STUDENT DETAILS

First Name	Surname	Year Level in 2025
First Name	Surname	Year Level in 2025
First Name	Surname	Year Level in 2025
First Name	Surname	Year Level in 2025

TAXATION NOTICE OF ASSESSMENT INFORMATION

A copy of each Parent / Guardian latest Taxation Notice of Assessment (NOA) must be provided to be able to receive a discount.

	Taxable Income \$	Date of Notice of Assessment	Copy of NOA attached
Parent / Guardian #1			
Parent / Guardian #2			
TOTAL			

DECLARATION

- I/We certify that the information contained in this application is correct.
- I/We understand that if any of the information provided is found to be false or misleading, or if it is discovered that there have been material omissions, any relief may be withdrawn and reverts to full fees being paid on time.
- I/We hereby agree to notify the College within 7 days of any improvement in financial position.
- I/We understand that the information provided in this application and any supporting documentation will be used for the sole purpose for which it is collected and will not be disclosed to any third party (other than upon default, where it may be passed to CEO Office or Debt Collection agencies).

PARENT / GUARDIAN #1

PARENT / GUARDIAN #2

Signed: _____

Signed: _____

Name: _____

Name: _____

Date: _____

Date: _____

OFFICE USE ONLY:

Application Received on: / /	Approved: Y / N
NOA Document(s) Provided: Y / N	Discount Amount Provided \$