

Kora Early Learning Centre
54 Lawrence St, Bayswater WA 6053
Phone: (08) 9271 9031
office@koracentre.org.au

APPLICATION FOR FEE CONCESSION 2025

CHILDS NAME ATTENDING KORA CHILD CARE:

1. PERSONAL DETAILS:

FULL NAME: **(Applicant A)**

(Applicant B)

ADDRESS:

POST CODE

PHONE: (Applicant A) **(H)** **(W)** **(M)**

(Applicant B) **(H)** **(W)** **(M)**

2. CHILDREN ATTENDING KORA CHILD CARE:

NAME	YEAR	FEES	AMOUNT ABLE TO CONTRIBUTE PER TERM

OTHER DEPENDANT CHILDREN (NOT AT KORA CHILD CARE):

NAME	YEAR	FEES (*per year*) Copy of school's published fees to be attached

3. FINANCIAL INFORMATION:

INCOME: (MONTHLY)

OCCUPATION: Applicant A $ (Gross Salary)

Applicant B $ (Gross Salary)

PENSION (type) $

FAMILY ALLOWANCE / CENTRELINK: $

MAINTENANCE / CHILD SUPPORT / AUSTUDY $

OTHER INCOME (dividends, rental property, interest etc.)

Please specify: $

$

$

TOTAL MONTHLY INCOME (1) **$**

EXPENSES: (MONTHLY)

MORTGAGE / RENTAL PAYMENTS $

CAR PAYMENTS $

PERSONAL LOAN(S) $

FOOD & HOUSEHOLD EXPENSES $

GAS/ELECTRICITY/TELEPHONE/HEATING $

MAINTENANCE/CHILD SUPPORT $

CHILDCARE & EDUCATION $

CREDIT CARDS/ HIRE PURCHASE/ LEASES $

SUNDRY PERSONAL EXPENSES $

OTHER $

TOTAL EXPENSES (2) **$**

NET INCOME (1 – 2) **$**

STATEMENT OF ASSETS & LIABILITIES: (BASED ON ESTIMATED MARKET VALUE)

	ASSET VALUE $	LIABILITIES $
HOUSE		
OTHER REAL ESTATE: (Specify)		
MOTOR VEHICLES : Make/Model **Year**		
Make/Model **Year**		
SHARES (Cash Value)		
BANK/BUILDING SOCIETY: (Specify Account Balances)		
PERSONAL LOANS:		
CREDIT CARDS: (Type/Account Balance)		
SUPERANNUATION/INSURANCE POLICIES: (Surrender Values)		
OTHER ASSETS: (Specify where value exceeds $10,000)		
OTHER LIABILITIES: (Provide details)		
TOTALS	**$**	**$**
NET ASSET VALUE	**$**	**$**

3. REASONS FOR REQUESTING REDUCED FEES FOR 2025:

4. AMOUNT OF FEE CONCESSION REQUESTED: **$**..

Kora must sight the following documents at the time of lodging this application. After being sighted, they will be returned and Kora will not retain any copies.

Failure to supply supporting documentary evidence will result in the application being rejected.

Documentation required:

Tax Assessment FY 2023/2024 (or Income Tax Return)	☐ Applicant A	☐ Applicant B
Evidence of Income (Bank Statements 6 mths)	☐ Applicant A	☐ Applicant B
Authenticated Pay Records/Pay slips (most current X2)	☐ Applicant A	☐ Applicant B
Pension Statements	☐ Applicant A	☐ Applicant B
Income Statements for Centrelink – Current	☐ Applicant A	☐ Applicant B
Evidence of Mortgage /Personal loan repayments	☐ Applicant A	☐ Applicant B
Current visa if applicable	☐ Applicant A	☐ Applicant B

Any other documentation that you consider relevant to supporting your application.

DECLARATION

By signing this form, I / we the persons whose signature(s) appear below make the following declarations and receive the following acknowledgements:-

- **I understand that the details I give in this application will be held in the strictest of confidence by the Kora Child Care and the administrator**
- **I acknowledge that no reference to my name or those of my/our children will be made to any other party;**
- **I make this declaration believing the statements contained herein to be true and correct in every particular;**
- **I agree to keep Kora Child Care informed of any changes in my circumstances.**

Applicant's Signature: (A) _____ **Date:** _____

Applicant's Signature: (B) _____ **Date:** _____

OFFICE USE ONLY

PREVIOUS APPLICATION NUMBER:

RECOMMENDATION:

BOARDS RECOMMENDATION:

APPLICATION: APPROVED / NOT APPROVED

☐ ☐

CONCESSION GRANTED: $