DUBBO CHRISTIAN SCHOOL

Bible-based, Christ-centred schooling from pre-Kindergarten to Year 12

21 September 2026

Dear Parents/ Carers

Re – 2027 Fee Assistance

Thank you for your enquiry in relation to Fee Assistance on your school fees in 2027. Dubbo Christian School provides Fee Assistance to ensure that all children have access to quality Christian education which is affordable for your family circumstances. The application will be confidentially assessed on the basis of your family income and circumstances.

Assistance given by the School is approved by the Board on a yearly basis and is provided on the condition that families commit to an agreed payment plan.

GENERAL INFORMATION:

- A new application is required for each new school year.
- Fee Assistance does not apply to Preschool fees.
- The Prompt Payment Discount is not applicable to any family receiving Fee Assistance.

The enclosed application form with all supporting documents is due to the School office by 20 October 2026 (email is acceptable).

The outcome of Fee Assistance applications will be confirmed no later than 4 December 2026. Should you have any questions or require assistance completing the application form, please contact the Finance Officer on (02) 6882 0044 (ext161) or email fees@dubbocs.edu.au

Your Sincerely

Scott Morris, CSC
Business Manager

Enclosures:

1. Fee Assistance Application Form.
2. Direct Debit Request Form.
3. Centrelink Authority to Deduct Form

141 Sheraton Road
PO Box 1216 Dubbo NSW 2830
P 02 6882 0044 | F 02 6884 2907
info@dubbocs.edu.au | www.dubbocs.edu.au

The Dubbo Christian Parent Controlled School Association Ltd ABN 96 002 837 658

DUBBO CHRISTIAN SCHOOL – Application for Fee Assistance

ENROLLING PARENT INFORMATION

Parent 1 / Partner 1	Parent 2 / Partner 2
Employment: ☐ Full Time ☐ Part Time ☐ Not Employed	Employment: ☐ Full Time ☐ Part Time ☐ Not Employed
Concessions: ☐ Health Care Card ☐ Pension Card	Concessions: ☐ Health Care Card ☐ Pension Card

CHILD INFORMATION

Child 1	Year Level_____(2027)
Child 2	Year Level_____(2027)
Child 3	Year Level_____(2027)
Child 4	Year Level_____(2027)
Child 5	Year Level_____(2027)

FINANCIAL INFORMATION

HOME OWNERSHIP: ☐ Homeowner ☐ Renting

INCOME: **INCOME***	**PARENT (1)** Income per **FORTNIGHT**	**PARENT (2)** Income per **FORTNIGHT**	**TOTAL JOINT** Income per **FORTNIGHT**	**TOTAL JOINT** Income **ANNUAL**
Gross salary/wages (**before tax**)				
Income from Business or Partnership				
All Centrelink & Family Tax Payments				
Child Support Agency receipts				
Rental Income				
Income from any other source (Savings/Investments/Shares/Trusts)				
PROJECT TOTAL FAMILY INCOME				

* Please indicate every source of income in the household. All casual and part-time jobs must be declared.
* All information for step-parents that are part of the household must be submitted.

OTHER INFORMATION

Please state any other unusual Financial Considerations or recent changes to your Family Situation that the School should be aware of. For example, Child Support Expenses, Tax Debts or amendments to Family Court arrangements. Please provide evidence of Financial Hardship, where applicable.

FEE PAYER CONTRIBUTION

Please indicate the total amount you consider you can contribute towards School fees for a full year for your child/ren. Per week $ x 52 = Per Year $

PAYMENT METHOD NOMINATION

To be eligible for Fee Assistance, you MUST arrange for payment of School Fees by Direct Debit OR by Centrepay deduction. Payments that occur outside of this arrangement, must have approval from the FinanceManager.

I choose to pay by: ☐ Direct Debit ☐ Centrepay

Please complete and return attached Direct Debit Request or Centrelink Form with this application.

CHECKLIST

Most Recent copies of the following documentation MUST be returned with this form

☐ **Income Tax Return** (Individual and/or Business) Request from your Tax Agent or: Login to ATO - Select Manage tax returns. - Select History tab. - Find the last assessment. - On right hand side click on View Details. - Your income tax return will open. - On the bottom print as PDF. Note: Income Statement and Notice of Assessment will **NOT** be accepted.

☐ **Income Statement from Centrelink**

☐ **Child Support Assessments, if applicable**

☐ **3 current Payslips or a Statement of Salary from employer**

☐ **Last 3 months' bank statements, if available.**

☐ **Completed Direct Debit or Centrelink Form** (please contact the school to confirm amount)

PRIVACY STATEMENT

Your privacy is important to us. The School's Privacy Policy, which outlines how we manage personal information in general, is available on the school website.

TERMS & CONDITIONS

- A new application is required for each new school year.
- Fee Assistance does not apply to Preschool fees.
- The Prompt Payment Discount is not applicable to any family receiving Fee Assistance.

DECLARATION

I/we understand, and fully agree to, the Terms & Conditions upon which Fee Assistance is provided as outlined above. In particular, I/we declare that we believe the above to be a true and fair statement of current family income, and agree to notify Dubbo Christian School of any significant change to these figures. I/we agree that whatever level of financial assistance I am granted, I/we shall pay the balance of fees within the period they fall due.

Name:_____ Signed:_____ Date:____ /____ /_____

Name:_____ Signed:_____ Date:____ /____ /_____

THIS APPLICATION MUST BE RETURNED BY 27 OCTOBER 2026.

Late applications will not be considered, unless exceptional circumstances are communicated before the due date.

Please return the form either via email to fees@dubbocs.edu.au, in person or by post marked CONFIDENTIAL to: The Finance Manager, Dubbo Christian School, PO Box 1216, DUBBO, NSW, 2830.

OFFICE USE ONLY	**Account Code (Current Families)** _____
Date Received ___/___/____	Calculation: $_____
Approved: Yes / No	Board Approval Date: ____/____/_____

DUBBO CHRISTIAN SCHOOL
141 Sheraton Road
DUBBO NSW 2830
Ph 02 6882 0044

CENTRELINK AUTHORITY TO DEDUCT

Request and Authority to debit the account name below to pay
THE DUBBO CHRISTIAN PARENT CONTROLLED SCHOOL ASSOCIATION LIMITED

I, _____ CRN | | | | | | | | | | |

Authorise the Department of Human Services to make a Deduction of $_____ each fortnight from my _____(eg, Family tax benefits, Parenting Payments) and pay this amount to Dubbo Christian School CRN 555-050-981-K for School fees commencing from ____/____/20___ (date)

Option 1 – Setting up an end date

I request that this deduction of $_____ continue until **30/11/20**_____
This option will be used with ongoing fees to settle your account in full in accordance with the fee terms and conditions.

★ Note: if a deduction has a target amount and the final deduction is set to pay less than $2, the second last deduction will be increased by up to $2 to cover the final amount.

OR

Option 2 – Setting up a target amount

I request that this deduction continue until the target amount of $_____ is paid.
This option will be used if you don't have ongoing fees and need to finalise an outstanding balance on your account.

I permit Dubbo Christian School to disclose my information to the Department of Human Services for the purposes of checking my account number, billing number and amount I want to pay, and reconciling my payment deduction details.

I also permit Dubbo Christian School to give the Department of Human Services my correct account billing number if required.

I understand that:
I can change or cancel my Deduction at any time, or you may contact the DCS Fee office to do it on your behalf. Further information about Centrepay can be found online at humanservices.gov.au/centrepay
For any complaints about my Centrepay deductions, I can contact the DCS office by email, phone or in person.

Customer Signature:_____

Date of Birth: _____/_____/_____
(Needed to access Centrelink account)

Date Signed: _____/_____/_____

Office Use Only

Date Processed: _____/____/____

Signature: _____

DUBBO CHRISTIAN SCHOOL
141 Sheraton Road
DUBBO NSW 2830
Ph 02 6882 0044

DIRECT DEBIT REQUEST

Request and Authority to debit the account name below to pay
THE DUBBO CHRISTIAN PARENT CONTROLLED SCHOOL ASSOCIATION LIMITED

Request and Authority to debit

I, _____, request and authorise **The Dubbo Christian Parent School Association Limited** to arrange, through its own financial institute, to debit my nominated account, any amount **The Dubbo Christian Parent Controlled School Association Limited** has deemed payable to them.
This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from their account held at the financial institution I have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.

Financial Institution

Names/s on account _____, Bank Name_____

BSB Number (Must be 6 Digits). |___|___|___|-|___|___|___|

Account Number: |___|___|-|___|___|___|-|___|___|___|___|

Payment Options – *One or both must be completed.*

The first debit to be made _____/ ____ / _____ OR My last salary date was ____ /____ /_____
(Should be used if certain of the date) *(This date will be used to determine your next salary date, with the debit commencing the following day)*

Intervals – Please tick the relevant options.

Monday ☐	Weekly ☐	**Amount to be debited**:
Tuesday ☐	Fortnightly ☐	
Wednesday ☐	Monthly ☐	$ |___|___|___|___|-|___|___|
Thursday ☐	Quarterly ☐	*This amount will be adjusted annually to have the account paid in full by 30 November each year.*
Friday ☐		

Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agree to the terms and conditions governing the debit arrangement between you and **The Dubbo Christian School Association Limited** as set out in this Request and in your Direct Debit Request Service Agreement.

Signature _____
(If signing for a company, sign and print your full name and capacity for signing, e.g. director)

Address: _____

_____

Date _____/_____/_____

Direct Debit Request Service Agreement

Dubbo Christian School
141 Sheraton Road, **DUBBO NSW 2830** | p 02 6882 0044

This is your Direct Debit Service Agreement with **The Dubbo Christian Parent Controlled School Association Limited ABN: 96 002 837 658.** It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Definitions	***account*** means the account held at *your financial institution* from which *we* are authorised to arrange for funds to be debited. ***agreement*** means this Direct Debit Request Service Agreement between *you* and *us*. ***banking day*** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia. ***debit day*** means the day that payment by *you* to *us* is due. ***debit payment*** means a particular transaction where a debit is made. ***direct debit request*** means the Direct Debit Request between *us* and *you.* ***us*** or ***we*** means **The Dubbo Christian Parent Controlled School Association Limited,** (the Debit User) *you* have authorised by requesting a *Direct Debit Request*. ***you*** means the customer who has signed or authorised by other means the *DirectDebit Request.* ***your financial institution*** means the financial institution nominated by *you* on theDDR at which the *account* is maintained.
1. Debiting your account	1.1 By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited from *your account. You* should refer to the *Direct Debit Request* and this *agreement* forthe terms of the arrangement between *us* and *you*. 1.2 *We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*. ***or*** *We* will only arrange for funds to be debited from *your account* if *we* have sentto the address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due. 1.3 If the *debit day* falls on a day that is not a *banking day, we* may direct *your financial institution* to debit *your account* on the following *banking day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.
2. Amendments by *us*	2.1 *We* may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least fourteen **(14) days** written notice.

3. Amendments by *you*	3.1 *You* may change*, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen **(14 days)** notification by writing to: Dubbo Christian School 141 Sheraton Road **DUBBO NSW 2830** ***or*** by telephoning us on **(02) 6882-0044** during business hours; ***or*** arranging it through your own financial institution, which is required to act promptly on your instructions. *Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising us **The Dubbo Christian Parent Controlled School Association Limited** your new account details.
4. *Your* obligations	4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*. 4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*: *(a)* *you* may be charged a fee and/or interest by *your financial institution;* (b) *you* may also incur fees or charges imposed or incurred by *us;* and (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*. 4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct
5 Dispute	5.1 If you believe that there has been an error in debiting *your account, you* should notify us directly on **(02) 6882-0044** and confirm that notice in writingwith us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up directly with your financial institution. 5.2 If *we* conclude as a result of our investigations that *your* account has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your* account (including interest and charges) accordingly. We will also notify you in writing of the amount by which *your account* has been adjusted. 5.3 If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.
6. Accounts	*You* should check: *(a)* with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions. (b) *your* account details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and (c) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

7. Confidentiality	7.1 *We* will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information. 7.2 *We* will only disclose information that *we* have about *you*: (a) to the extent specifically required by law; or (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).
8. Notice	8.1 If *you* wish to notify *us* in writing about anything relating to this *agreement, you* should write to Dubbo Christian School 141 Sheraton Road **DUBBO NSW 2830** *8.2* *We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*. 8.3 Any notice will be deemed to have been received on the third *banking* day after posting.