



APPLICANT/PARENT DETAILS

Applicant: Surname:..... First Name:.....

Spouse: Surname:..... First Name:.....

If a Sole Parent or Guardian. Please Indicate (tick) Sole Parent Guardian

Residential Address:.....

Postal Address:.....

Phone:.....

Email:.....

APPLICANT OCCUPATION

Current Employer:.....

Employer Address:..... Contact Person:.....

Phone:..... Email:.....

SPOUSE OCCUPATION

Current Employer:.....

Employer Address:..... Contact Person:.....

Phone:..... Email:.....

- Do you own the dwelling where you reside? (Please tick) YES NO
- Are you paying rent? (Please tick) YES NO
- Is rent paid by employer? (Please tick) YES NO

A] INCOME DETAILS

Parent	Monthly	Annual
Income after tax		
Income from other investments		
Allowances/benefits from Employer		
Other Income		

Spouse	Monthly	Annual
Income after tax		
Income from other investments		
Allowances/benefits from Employer		
Other Income		

Verification of Income for both parents. (Please supply the following documents with this application)

- Tax withholding certificate from employer (prior year & current year)
- Tax assessment advise from FRCA (prior year & current year)
- Confirmation of income from investment, allowances, benefits from employer and other income



B] IF YOU OWN A BUSINESS, YOU NEED TO FILL THIS SECTION OF THE FORM

	Value (\$)
Net business income after tax	
Income from other investments	
Drawings	
Allowances/benefits from businesses	
Income from other sources	

Verification of Income for the owner of the business. (Please supply the following documents with this application)

- Business Registration Certification, Tin Letter and List of Shareholders
- Financial Statement (prior year & current year)
- Tax assessment advise from FRCA (prior year & current year)
- Confirmation of Other income

NOTE [Applies to A & B]: You may be requested to supply additional documentations if the information provided is not sufficient to complete the approval process.

CHILD/CHILDREN CURRENTLY ATTENDING ISS

Name	Year Level

CHILD/CHILDREN FOR WHOM FESS CONCESSION IS SOUGHT

Name	Present School	Year Level

Any other information which may assist in the consideration of your request

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1. I/We, the undersigned acknowledge that the statements, particulars and information contained in this application and any other documents accompanying the application are true and correct in every detail and no other material facts have been misstated, suppressed or omitted.
2. Undertake to inform ISS of any material alternation to those facts during the current year.

Parent Signature.....**Spouse Signature**.....

Date...../...../.....

Your daytime contact number:.....