



HCC TUITION FEE DISCOUNT SCHEME 2021

SCHOOL NAME

St Joseph's School

SCHOOL LOCATION

Queens Park

PARENT/LEGAL GUARDIAN DETAILS *(Please complete in full – no abbreviations)***SURNAME****FIRST NAME****CENTRELINK CONCESSION CARD DETAILS** **Family Health Care Card** *(Family Card only not Child's Card)* **Pensioner Concession Card**CARD NO (CRN) _____ DATE OF EXPIRY *(in full)* _____**DETAILS OF STUDENTS ATTENDING THIS SCHOOL**

SURNAME	FIRST NAME	YEAR LEVEL

PARENT/GUARDIAN DECLARATION

I DECLARE THAT

- The card is in the name of the person responsible for fee payment.
- I have NOT CLAIMED nor do I intend to claim Aboriginal Secondary Grants Scheme –ABSTUDY.
- The above students are NOT in receipt of any Bursary/Scholarship MORE THAN \$1,000.
- I will notify the school if my concession card status changes during the year.

PARENT/GUARDIAN'S SIGNATURE**SCHOOL OFFICER MUST SIGHT AND COPY THE CLAIMANT'S CARD**

I HAVE SIGHTED AND COPIED THE CLAIMANT'S CARD AND CONFIRM THE DETAILS ARE CORRECT

NAME OF SCHOOL OFFICER_____
SIGNATURE_____
POSITION HELD_____
DATE