

# HCC TUITION FEE DISCOUNT SCHEME

## SCHOOL NAME

St Columba's

## SCHOOL LOCATION

Bayswater

### 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