



# CONCESSION CARD SCHOOL FEE DISCOUNT SCHEME

## Parent Application Form

<b>SCHOOL NAME</b>	
<b>SCHOOL LOCATION</b>	

PARENT/LEGAL GUARDIAN DETAILS <i>(Please complete in full – <u>no</u> abbreviations)</i>		
<b>SURNAME:</b>	<b>FIRST NAME:</b>	
CENTRELINK CONCESSION CARD DETAILS		
<input type="checkbox"/> Family Health Care Card <i>(Family Card only <span style="color: red;">not</span> Child's Card)</i> <input type="checkbox"/> Pensioner Concession Card		
CARD NO (CRN) _____ DATE OF EXPIRY <i>(in full)</i> _____		
DETAILS OF STUDENT(S) ATTENDING THIS SCHOOL		
SURNAME	FIRST NAME	YEAR LEVEL
PARENT/GUARDIAN DECLARATION		
<b>I DECLARE THAT</b> <ul style="list-style-type: none"> <li>▪ The card is in the name of the person responsible for fee payment.</li> <li>▪ I have <u>NOT CLAIMED</u> nor do I intend to claim Aboriginal Secondary Grants Scheme –<u>ABSTUDY</u>.</li> <li>▪ The above students are <u>NOT</u> in receipt of any Bursary/Scholarship MORE THAN \$1,000.</li> <li>▪ I will notify the school if my concession card status changes during the year.</li> </ul>		
		_____ <b>PARENT/GUARDIAN'S SIGNATURE</b>
SCHOOL OFFICER MUST <u>SIGHT AND KEEP A COPY</u> OF THE CLAIMANT'S CARD		
I HAVE SIGHTED AND COPIED THE CLAIMANT'S CARD AND CONFIRM THE DETAILS ARE CORRECT		
_____ <b>NAME OF SCHOOL OFFICER</b>	_____ <b>SIGNATURE</b>	_____ <b>POSITION HELD</b>
		_____ <b>DATE</b>