SIBLING DISCOUNT APPLICATION FORM FOR MATER DEI COLLEGE & ST ELIZABETH'S CATHOLIC PRIMARY SCHOOL 2027

PARENT / LEGAL GUARDIANS DETAILS (PLEASE COMPLETE IN FULL - NO ABBREVIATIONS)

SURNAME: **FIRST NAME:**

DETAILS OF STUDENTS ATTENDING MATER DEI COLLEGE & ST ELIZABETH'S CATHOLIC PRIMARY

Please list details of all students attending the above-mentioned schools (Oldest to youngest)

DETAILS OF STUDENTS ATTENDING MATER DEI COLLEGE & ST ELIZABETH'S CATHOLIC PRIMARY

	SURNAME	FIRST NAME	SCHOOL	YEAR LEVEL
1				
2				
3				
4				
5				
6				

PARENT / LEGAL GUARDIAN DECLARATION

I hereby declare that the above information is accurate and complete to the best of my knowledge.

I understand that any false information provided may result in the denial of the sibling discount.

I understand that the discount is by application only and valid for the 2027 year.

_____ _____

PARENT SIGNATURE DATE

For office use only

Eligible for sibling discount : YES ☐ NO ☐		**Discount processed on AoS : YES ☐ NO**	
Signature		**Date**	