



HCC TUITION FEE DISCOUNT SCHEME

SCHOOL NAME

St Elizabeth's Catholic Primary School

SCHOOL LOCATION

Hocking

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