



# HCC TUITION FEE DISCOUNT SCHEME

**SCHOOL NAME:** St Elizabeth's Catholic Primary School

**SCHOOL LOCATION:** Hocking

## PARENT/LEGAL GUARDIAN DETAILS *(Please complete in full – no abbreviations)*

<b>SURNAME</b>	<b>FIRST NAME</b>
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## 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

<b>NAME OF SCHOOL OFFICER</b>	<b>SIGNATURE</b>	<b>POSITION HELD</b>	<b>DATE</b>
Melissa Dimond		Finance Officer	