



Attachment 3

HEALTH CARE CARD SCHOOL FEE DISCOUNT SCHEME
Parent Application Form

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|-----------------|--------------------------|
| SCHOOL NAME | Queen of Apostles School |
| SCHOOL LOCATION | Riverton |

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| PARENT/LEGAL GUARDIAN DETAILS <i>(Please complete in full – no abbreviations)</i> | | |
| SURNAME: | FIRST NAME: | |
| CENTRELINK CONCESSION CARD DETAILS | | |
| <input type="checkbox"/> Family Health Care Card <i>(Family Card only not 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 |
| | | |
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| 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. | | |
| | | _____ PARENT/GUARDIAN'S SIGNATURE |
| SCHOOL OFFICER MUST <u>SIGHT AND KEEP A COPY OF THE CLAIMANT'S CARD</u> | | |
| I HAVE SIGHTED AND COPIED THE CLAIMANT'S CARD AND CONFIRM THE DETAILS ARE CORRECT | | |
| NAME OF SCHOOL OFFICER | SIGNATURE | POSITION HELD |
| | | |
| | | DATE |