



HEALTH CARE CARD TUITION FEE DISCOUNT SCHEME
Parent Application Form

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| SCHOOL NAME | Matthew Gibney Catholic Primary School |
| SCHOOL LOCATION | High Wycombe |

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

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|-----------------|--------------------|
| SURNAME: | FIRST NAME: |
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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 STUDENT(S) ATTENDING THIS SCHOOL

| SURNAME | FIRST NAME | YEAR LEVEL |
|---------|------------|------------|
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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 KEEP A COPY OF THE CLAIMANT'S CARD

I HAVE SIGHTED AND COPIED THE CLAIMANT'S CARD AND CONFIRM THE DETAILS ARE CORRECT

| | | | |
|------------------------|-----------|---------------|------|
| NAME OF SCHOOL OFFICER | SIGNATURE | POSITION HELD | DATE |
|------------------------|-----------|---------------|------|