



HEALTH CARE CARD SCHOOL FEE DISCOUNT SCHEME
Parent Application Form

SCHOOL NAME	
SCHOOL LOCATION	

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	
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</u> 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