



St Norbert
College

HEALTH CARE CARD TUITION FEE DISCOUNT SCHEME

SCHOOL NAME

ST NORBERT COLLEGE

SCHOOL LOCATION

PO BOX 354 CANNINGTON 6987

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

SURNAME

FIRST NAME

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

PARENT/GUARDIAN DECLARATION

I DELCARE 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.
- If my Concession Card expires during Semester 1, I will provide a copy of a new Concession Card to continue the Concession Discount in Semester 2.

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.

NAME OF SCHOOL OFFICER

SIGNATURE

POSITION HELD

DATE

Office Use Only:

PARENT CODE: _____

Date Entered: _____