



# CATHOLIC EDUCATION

OFFICE OF WESTERN AUSTRALIA

## Attachment 4



FAMILY NUMBER: \_\_\_\_\_  
PROCESSED FEES \_\_\_\_\_  
ENTERED ON AOS \_\_\_\_\_

## HEALTH CARE CARD TUITION FEE DISCOUNT SCHEME *Parent Application Form*

SCHOOL NAME	MARY MACKILLOP CATHOLIC COMMUNITY PRIMARY SCHOOL		
SCHOOL LOCATION	BALLAJURA WA		
<b>PARENT/LEGAL GUARDIAN DETAILS</b> <i>(Please complete in full – <u>no</u> abbreviations)</i>			
SURNAME:		FIRST NAME:	
<b>CENTRELINK CONCESSION CARD DETAILS</b>			
<input type="checkbox"/> Family Health Care Card <i>(Family Card only <b>not</b> Child's Card)</i> <input type="checkbox"/> Pensioner Concession Card			
CARD NO (CRN) _____ DATE OF EXPIRY <i>(in full)</i> _____			
<b>DETAILS OF STUDENT(S) ATTENDING THIS SCHOOL</b>			
SURNAME	FIRST NAME	YEAR LEVEL	
<b>PARENT/GUARDIAN DECLARATION</b>			
<b>I DECLARE THAT</b> <ul style="list-style-type: none"><li>▪ The card is in the name of the person responsible for fee payment.</li><li>▪ I have <u>NOT CLAIMED</u> nor do I intend to claim Aboriginal Secondary Grants Scheme – <u>ABSTUDY</u>.</li><li>▪ The above students are <u>NOT</u> in receipt of any Bursary/Scholarship MORE THAN \$1,000.</li><li>▪ I will notify the school if my concession card status changes during the year.</li></ul>			
PARENT/GUARDIAN'S SIGNATURE _____			
<b>SCHOOL OFFICER MUST <u>SIGHT AND KEEP A COPY</u> OF THE CLAIMANT'S CARD</b>			
I HAVE SIGHTED AND COPIED THE CLAIMANT'S CARD AND CONFIRM THE DETAILS ARE CORRECT			
NAME OF SCHOOL OFFICER	SIGNATURE	POSITION HELD	DATE