



FAMILY CODE _____
FEES _____
MAZE _____

HEALTH CARE CARD TUITION FEE DISCOUNT SCHEME
Parent Application Form

SCHOOL NAME: MARY MACKILLOP CATHOLIC COMMUNITY PRIMARY SCHOOL
SCHOOL LOCATION: BALLAJURA WA

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

Table with 3 columns: SURNAME, FIRST NAME, YEAR LEVEL

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