HEALTH CARE CARD TUITION FEE DISCOUNT SCHEME

SCHOOL NAME

Mary's Mount Primary School

SCHOOL LOCATION

Gooseberry Hill

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 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 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