CATHOLIC EDUCATION
OFFICE OF WESTERN AUSTRALIA

CONCESSION CARD SCHOOL FEE DISCOUNT SCHEME

Parent Application Form

SCHOOL NAME	
SCHOOL LOCATION	

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 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**