



HCC TUITION FEE DISCOUNT SCHEME

SCHOOL NAME
Good Shepherd Catholic School

SCHOOL LOCATION
Lockridge School Year 20

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 STUDENTS 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 CLAIMANTS'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**