



HEALTH CARE 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