



# HCC/PCC TUITION FEE DISCOUNT

**ST MICHAEL'S SCHOOL**

**3 James Street Bassendean WA 6054**

## 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/LEGAL 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 \$1000
- I will notify the school if my concession card 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**