



**CONCESSION CARD SCHOOL FEE DISCOUNT SCHEME**  
*Parent Application Form*

<b>SCHOOL NAME</b>	
<b>SCHOOL LOCATION</b>	

PARENT/LEGAL GUARDIAN DETAILS <i>(Please complete in full – <u>no</u> abbreviations)</i>		
SURNAME:	FIRST NAME:	
CENTRELINK CONCESSION CARD DETAILS		
<input type="checkbox"/> Family Health Care Card ( <i>Family Card only <b>not</b> Child's Card</i> ) <input type="checkbox"/> Pensioner Concession Card		
CARD NO (CRN) _____ DATE OF EXPIRY ( <i>in full</i> ) _____		
DETAILS OF STUDENT(S) ATTENDING THIS SCHOOL		
SURNAME	FIRST NAME	YEAR LEVEL
PARENT/GUARDIAN DECLARATION		
<p><b>I DECLARE THAT</b></p> <ul style="list-style-type: none"> <li>▪ The card is in the name of the person responsible for fee payment.</li> <li>▪ I have <u>NOT CLAIMED</u> nor do I intend to claim Aboriginal Secondary Grants Scheme –<u>ABSTUDY</u>.</li> <li>▪ The above students are <u>NOT</u> in receipt of any Bursary/Scholarship MORE THAN \$1,000.</li> <li>▪ I will notify the school if my concession card status changes during the year.</li> </ul>		
		_____ PARENT/GUARDIAN'S SIGNATURE
SCHOOL OFFICER MUST <u>SIGHT AND KEEP A COPY</u> 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