



ST JEROME'S
PRIMARY SCHOOL

HEALTH CARE CARD TUITION FEE DISCOUNT SCHEME

SCHOOL NAME

St. Jerome's Primary School

SCHOOL LOCATION

LAKE COOGEE

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 |
|---------|------------|------------|
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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 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