

HCC Tuition Fee Discount Scheme Form

SCHOOL NAME: HOLY CROSS SCHOOL

SCHOOL LOCATION: TRINITY PARK

PARENT/LEGAL GUARDIAN DETAILS *(Please complete in full – no abbreviations)*

SURNAME	FIRST NAME	CUSTOMER NUMBER (DYNAMICS)

CENTRELINK CONCESSION CARD DETAILS

☐ **Family Health Care Card** (Family Card only not Child's Card)
☐ **Pensioner Concession Card** (PPS only)

Card Code:

CARD NO (CRN):		DATE OF EXPIRY (in full):	
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STUDENT DETAILS

No. of Siblings: _____

SURNAME	FIRST NAME	YEAR LEVEL	SCHOOL

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; and
- 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
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