

2019 HCC TUITION FEE DISCOUNT SCHEME

SCHOOL NAME: Aranmore Catholic College
SCHOOL LOCATION: Leederville

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

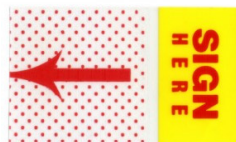
SURNAME	FIRST NAME	YEAR LEVEL

PARENT/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 & 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