



# HCC TUITION FEE DISCOUNT SCHEME 2016

**SCHOOL NAME**  
Good Shepherd Catholic School

**SCHOOL LOCATION**  
Lockridge

**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 AND COPY THE CLAIMANTS'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**