



**Attachment 3**

**HEALTH CARE CARD SCHOOL FEE DISCOUNT SCHEME**  
*Parent Application Form*

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

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

<b>SURNAME:</b>	<b>FIRST NAME:</b>
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**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

**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 KEEP A COPY 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
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