



**ST JOSEPH'S
CATHOLIC SCHOOL**
MOUNT ISA

Love · Learn · Serve

HCC TUITION FEE DISCOUNT APPLICATION FORM

ST JOSEPH'S CATHOLIC SCHOOL MOUNT ISA

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

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CENTRELINK CONCESSION CARD DETAILS

☐ Family Health Care Card (*Family Card only - NOT Child's Card*)

☐ Pensioner Concession Card (*PPS only*)

☐ CARD NOCRN Date of Expiry

HCC Discount applied to assist with payment of fees

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.

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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 Finance Secretary _____ DATE _____