



MULTI SCHOOL DISCOUNT FORM 2026 SCHOOL YEAR

Parent name: _____

Parent name: _____

Please list students from eldest to youngest and **complete all details** to ensure the correct discount is applied to fees.

STUDENTS ATTENDING HOLY SPIRIT CATHOLIC SCHOOL 2025

Student name: _____

2025 Year Level: _____

Student name: _____

2025 Year Level: _____

Student name: _____

2025 Year Level: _____

STUDENTS ATTENDING SECONDARY IN 2026

Student name: _____

School: _____

2025 Year Level: _____

Student name: _____

School: _____

2025 Year Level: _____

OFFICE USE ONLY

Secondary School Contact: _____

Confirmed Attendance Date: _____