



MULTI SCHOOL DISCOUNT FORM

2024 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.

Student name:..... School:..... Grade:.....

Student name:..... School:..... Grade:.....

Student name:..... School:..... Grade:.....

Student name:..... School:..... Grade:.....

(Holy Spirit Office Use Only)

College Contact:.....

Date:.....