



MARIAN CATHOLIC SCHOOL
CURRAJONG

To strive for love and peace

Health Care Card Concession Form

Parents or Carers			
Surname	Christian Name	Card No	Expiry Date

Student/s		
Surname	Christian Name	Year

Office use only - Photocopy Health Care Card -Front and back – Highlight Eligible Code		
Heath Care Card Codes FA (Family Allowance) PP (Parenting Payment (partnered)) NSA (New Start Allowance) PA (Partner Allowance) SA (Sickness Allowance) SL (Special Benefit) WA (Widow Allowance) LI (Low Income)	Pensioner Concession Card Codes PPS (Parenting Payment Single) PP (Parenting Payment (partnered)) NSA (New Start Allowance) PA (Partner Allowance) SA (Sickness Allowance) SL (Special Benefit) WA (Widow Allowance) Department of Veteran Affairs Health Card TPI (Totally Permanently Incapacitated)	
Check Card Expiry Date	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Where families matter.