



# Multi School Discount Form

Please complete the form if you have a student attending Gilroy Santa Maria College.

Parent/Guardians Name:

**Secondary School: GILROY SANTA MARIA**

Student name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Student name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Student name: \_\_\_\_\_ Year Level: \_\_\_\_\_

**Primary School: OUR LADY OF LOURDES PRIMARY SCHOOL**

Student name: \_\_\_\_\_

Student name: \_\_\_\_\_

Student name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to [pcazzulino@olltsv.catholic.edu.au](mailto:pcazzulino@olltsv.catholic.edu.au)