



MULTI SCHOOL DISCOUNT

Please have your secondary school complete the form below to confirm you have a child/children attending their school.

Parent's Name _____

Secondary School _____

Child's Name _____ Year Level _____

Child's Name _____ Year Level _____

Child's Name _____ Year Level _____

Signature _____ Date _____

Holder of a Health Care Card Yes No

School Stamp:

St Joseph's Mundingburra Office Use Only

Parent's Name _____ Code _____

Child's Name _____ Code _____

Child's Name _____ Code _____

Child's Name _____ Code _____