

PO BOX 201 Castletown, Hyde Park 4812 Telephone (07) 4779 1651 Email enquiries@sjmbtsv.catholic.edu.au Web www.sjmbtsv.catholic.edu.au

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	
Child's Name	Codo

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