

2023 HCC TUITION FEE DISCOUNT SCHEME

SCHOOL NAME

ST DENIS SCHOOL

SCHOOL LOCATION

JOONDANNA

PARENT/LEGAL GUARDIAN DETAILS (Please complete in full - 10 abbreviations) SURNAME FIRST NAME CENTRELINK CONCESSION CARD DETAILS Family Health Care Card (family Card only 1000 Child's Card) Pensioner Concession Card CARD NO (CRN) DATE OF EXPIRY (in full) DETAILS OF STUDENTS ATTENDING THIS SCHOOL SURNAME SURNAME FIRST NAME YEAR LEVEL OPARENT/GUARDIAN DECLARATION Intend to claim Aborgiania Secondary Grants Scheme - <u>ABSTUDY</u> . I DECLARE THAT The card is in the name of the person responsible for fee payment. Intend to claim Aborgiania Secondary Grants Scheme - <u>ABSTUDY</u> . I have NOT CLAIMED nor do I intend to claim Aborgiania Secondary Grants Scheme - <u>ABSTUDY</u> . I will notify the school if my concession card status changes during the year. PARENT/GUARDIAN'S SIGNATURE SCHOOL OFFICER MUST SIGHT AND COPY THE CLAIMANT'S CARD I HAVE SIGHTED AND COPIED THE CLAIMANT'S CARD AND CONFIRM THE DETAILS ARE CORRECT DATE					
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