



2024 HCC TUITION FEE DISCOUNT SCHEME

SCHOOL NAME
ST DENIS SCHOOL

SCHOOL LOCATION
JOONDANNA

PARENT/LEGAL GUARDIAN DETAILS *(Please complete in full – no abbreviations)*

SURNAME

FIRST NAME

CENTRELINK CONCESSION CARD DETAILS

Family Health Care Card *(Family Card only not Child's Card)*

Pensioner Concession Card

CARD NO (CRN) _____ DATE OF EXPIRY *(in full)* _____

DETAILS OF STUDENTS ATTENDING THIS SCHOOL

SURNAME	FIRST NAME	YEAR LEVEL

PARENT/GUARDIAN DECLARATION

I DECLARE THAT

- The card is in the name of the person responsible for fee payment.
- I have NOT CLAIMED nor do I intend to claim Aboriginal Secondary Grants Scheme –ABSTUDY.
- The above students are NOT in receipt of any Bursary/Scholarship MORE THAN \$1,000.
- 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

NAME OF SCHOOL OFFICER

SIGNATURE

POSITION HELD

DATE

PLEASE COMPLETE AND RETURN PRIOR TO MONDAY 5TH FEBRUARY 2024