



## SCHOOL DETAILS

School Name

School Location

## PARENT/LEGAL GUARDIAN DETAILS (Please complete in full- no abbreviations)

Surname

Given name

## CENTRELINK CONCESSION CARD DETAILS

Family Health Care Card (Family Card not Child's card)       Pensioner Concession Card (PPS only)

Card Number (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 Signature

## SCHOOL OFFICER MUST SIGHT AND COPY THE CLAIMANT'S CARD

I have sighted and copied the Claimant's Card and confirm that the details are correct

Name of School Officer

Signature

Position Held

Date