



# HCC TUITION FEE DISCOUNT SCHEME

**SCHOOL NAME**

\_\_\_\_\_

**SCHOOL LOCATION**

\_\_\_\_\_

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

<b>SURNAME</b>	<b>FIRST NAME</b>

## CENTRELINK CONCESSION CARD DETAILS

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

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**