



**IRENE M<sup>o</sup>CORMACK  
CATHOLIC COLLEGE**  
PRAYER SERVICE JUSTICE

## HCC TUITION FEE DISCOUNT SCHEME

**SCHOOL NAME**

IRENE MCCORMACK CATHOLIC COLLEGE

**SCHOOL LOCATION**

BUTLER WA

**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**