IRENE McCORMACK CATHOLIC COLLEGE
PRAYER SERVICE JUSTICE

Concession Card Tuition Fee Discount Scheme

SCHOOL NAME
IRENE McCORMACK CATHOLIC COLLEGE

SCHOOL LOCATION
18 BRADMAN DRIVE, BUTLER WA 6036

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

SURNAME:	FIRST NAME:

CONCESSION CARD DETAILS:

☐ **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.
- I will notify the school if my concession card status changes during the year.
    - e.g. a renewed concession card, no longer eligible, e.t.c…

_____ _____ _____

PARENT/GUARDIAN NAME **SIGNATURE** **DATE**

SCHOOL USE ONLY: SCHOOL OFFICER MUST SIGHT AND COPY THE CLAIMANT'S CARD

I HAVE:

- Sighted and copied the Claimant's concession card (*front & back*), and
- Confirm the concession card details are correct and current.

_____ _____ _____ _____

NAME OF SCHOOL OFFICER **POSITION HELD** **SIGNATURE** **DATE**