

NAME OF SCHOOL:

SUBURB:

HCC TUITION FEE DISCOUNT SCHEME FORM

Parent/Legal Guardian Details

(Please complete in full – no abbreviations)

Surname:

First name:

Customer Number (Dynamics):

Centrelink Concession Card Details:

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

Pensioner Concession Card (PPS only)

Card Code:

Card No (CRN):

Date of Expiry (in full):

Student Details

Number of Siblings:

Surname	First Name	Year Level	School

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; and
- 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: