



**Attachment 3**

**HEALTH CARE CARD SCHOOL FEE DISCOUNT SCHEME**  
*Parent Application Form*

|                        |  |
|------------------------|--|
| <b>SCHOOL NAME</b>     |  |
| <b>SCHOOL LOCATION</b> |  |

| <b>PARENT/LEGAL GUARDIAN DETAILS</b> <i>(Please complete in full – <u>no</u> abbreviations)</i>  |                    |   |
|--|--------------------|---|
| <b>SURNAME:</b>  | <b>FIRST NAME:</b> |   |
| <b>CENTRELINK CONCESSION CARD DETAILS</b>  |                    |   |
| <input type="checkbox"/> Family Health Care Card <i>(Family Card only <b>not</b> Child's Card)</i> <input type="checkbox"/> Pensioner Concession Card  |                    |   |
| CARD NO (CRN) _____ DATE OF EXPIRY <i>(in full)</i> _____  |                    |   |
| <b>DETAILS OF STUDENT(S) ATTENDING THIS SCHOOL</b>   |                    |   |
| SURNAME  | FIRST NAME         | YEAR LEVEL                                  |
|  |                    |   |
|  |                    |   |
|  |                    |   |
|  |                    |   |
|  |                    |   |
|  |                    |   |
| <b>PARENT/GUARDIAN DECLARATION</b>   |                    |   |
| <b>I DECLARE THAT</b> <ul style="list-style-type: none"> <li>▪ The card is in the name of the person responsible for fee payment.</li> <li>▪ I have <u>NOT CLAIMED</u> nor do I intend to claim Aboriginal Secondary Grants Scheme –<u>ABSTUDY</u>.</li> <li>▪ The above students are <u>NOT</u> in receipt of any Bursary/Scholarship MORE THAN \$1,000.</li> <li>▪ I will notify the school if my concession card status changes during the year.</li> </ul> |                    |   |
|  |                    | _____<br><b>PARENT/GUARDIAN'S SIGNATURE</b> |
| <b>SCHOOL OFFICER MUST <u>SIGHT AND KEEP A COPY</u> OF THE CLAIMANT'S CARD</b>   |                    |   |
| I HAVE SIGHTED AND COPIED THE CLAIMANT'S CARD AND CONFIRM THE DETAILS ARE CORRECT  |                    |   |
| NAME OF SCHOOL OFFICER   | SIGNATURE          | POSITION HELD                               |
|  |                    |   |
|  |                    | DATE  |