



Attachment 3

HEALTH CARE CARD SCHOOL FEE DISCOUNT SCHEME
Parent Application Form

SCHOOL NAME	LA SALLE COLLEGE PO BOX 1674
SCHOOL LOCATION	MIDLAND WA 6936

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