



**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 – no abbreviations)</i>		
<b>SURNAME:</b>	<b>FIRST NAME:</b>	
<b>CENTRELINK CONCESSION CARD DETAILS</b>		
<input type="checkbox"/> <b>Family Health Care Card</b> <i>(Family Card only <b>not</b> Child's Card)</i> <span style="margin-left: 200px;"><input type="checkbox"/> <b>Pensioner Concession Card</b></span>		
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>		
		_____ <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