



HEALTH CARE CARD SCHOOL FEE DISCOUNT SCHEME

Parent Application Form

FORMS NEED TO BE RETURNED BY 28TH MARCH 2024

SCHOOL NAME	Our Lady of Mercy College
SCHOOL LOCATION	100 Leisure Drive, Australind

PARENT/LEGAL GUARDIAN DETAILS <i>(Please complete in full – no abbreviations)</i>		
SURNAME:	FIRST NAME:	
CENTRELINK CONCESSION CARD DETAILS		
<input type="checkbox"/> Pensioner Concession Card <input type="checkbox"/> Family Health Care Card <i>(Family Card only not Child's Card)</i>		
ISSUE DATE	DATE OF EXPIRY <i>(in full)</i>	
CARD NO (CRN) _____		
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. 		
Please email form and photocopy of card to: olmca.accounts@cewa.edu.au		_____ PARENT/GUARDIAN'S SIGNATURE
SCHOOL OFFICER MUST SIGHT AND KEEP A COPY OF 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