



## CONCESSION CARD SCHOOL FEE DISCOUNT SCHEME

### *Parent Application Form*

FORMS NEED TO BE RETURNED BY 2 APRIL 2026

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

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