



## CONCESSION CARD SCHOOL FEE DISCOUNT SCHEME

### Parent Application Form

**FORMS NEED TO BE RETURNED BY 9 APRIL 2027**

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

#### PARENT/LEGAL GUARDIAN DETAILS *(Please complete in full – no abbreviations)*

SURNAME:

FIRST NAME:

#### CENTRELINK CONCESSION CARD DETAILS

☐ Pensioner Concession Card

☐ Family Health Care Card *(Family Card only not Child's Card)*

ISSUE DATE

CARD NO (CRN) \_\_\_\_\_

DATE OF EXPIRY *(in full)*

#### DETAILS OF STUDENT(S) ATTENDING THIS SCHOOL

| SURNAME | FIRST NAME | YEAR LEVEL |
|---------|------------|------------|
|         |            |            |
|         |            |            |
|         |            |            |
|         |            |            |
|         |            |            |
|         |            |            |

#### PARENT/GUARDIAN DECLARATION

##### I DECLARE THAT

- The card is in the name of the person responsible for fee payment.
- I have NOT CLAIMED nor do I intend to claim Aboriginal Secondary Grants Scheme –ABSTUDY.
- The above students are NOT 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](mailto: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