



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

PARENT/LEGAL GUARDIAN DETAILS (Please complete in full – no abbreviations)		
SURNAME:		FIRST NAME:
CENTRELINK CONCESSION CARD DETAILS		
Pensioner Concession Card		
<input type="checkbox"/> Family Health Care Card (<i>Family Card only not Child's Card</i>)		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		
<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