



Concession Card Fee Discount Scheme 2026 Parent Application Form

SCHOOL NAME

St Joseph's School

SCHOOL LOCATION

Queens Park

| PARENT/LEGAL GUARDIAN DETAILS <i>(Please complete in full – no abbreviations)</i> | | | |
|--|-------------------|---|------|
| SURNAME | FIRST NAME | | |
| CENTRELINK CONCESSION CARD DETAILS | | | |
| <input type="checkbox"/> Family Health Care Card <i>(Family Card only <u>not</u> Child's Card)</i> | | <input type="checkbox"/> Pensioner Concession Card | |
| CARD NO (CRN) _____ | | DATE OF EXPIRY <i>(in full)</i> _____ | |
| DETAILS OF STUDENTS ATTENDING THIS SCHOOL | | | |
| SURNAME | FIRST NAME | YEAR LEVEL | |
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| PARENT/GUARDIAN DECLARATION | | | |
| <p>I DECLARE THAT</p> <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. | | | |
| <p>_____</p> <p>PARENT/GUARDIAN'S SIGNATURE</p> | | | |
| SCHOOL OFFICER MUST <u>SIGHT AND COPY THE CLAIMANT'S CARD</u> | | | |
| <p>I HAVE SIGHTED AND COPIED THE CLAIMANT'S CARD AND CONFIRM THE DETAILS ARE CORRECT</p> | | | |
| NAME OF SCHOOL OFFICER | SIGNATURE | POSITION HELD | DATE |