Health Care Card
School Fee Discount Scheme

FORM

2024.v1

St Marcellin
CATHOLIC COLLEGE

OFFICE USE ONLY

School Name	St Marcellin Catholic College
School Location	Madora Bay

Customer

Billing ☐ 50% ☐ 100%

TO BE COMPLETED BY THE PARENT

Surname of Parent / Guardian

First name of Parent / Guardian

CENTRELINK CONCESSION CARD DETAILS

☐ Family Health Care Card *(family card only NOT child's card)*

☐ Pensioner Concession Card

Card number (CRN)

Date of expiry *(in full)*

STUDENTS ATTENDING ST MARCELLIN CATHOLIC COLLEGE

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

Parent / Guardian Signature

Date

OFFICE USE ONLY

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:

School officer name

Position held

Signature

Date

☐ Spreadsheet ☐ AoS ☐ SAS