



## HCC TUITION FEE DISCOUNT SCHEME 2024

**SCHOOL NAME**

Lumen Christi College \_\_\_\_\_

**SCHOOL LOCATION**

Martin \_\_\_\_\_

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

**SURNAME**

**FIRST NAME**

**CENTRELINK CONCESSION CARD DETAILS**

- Family Health Care Card** *(Family Card only not Child's Card)*
- Pensioner Concession Card**

CARD NO (CRN) \_\_\_\_\_ DATE OF EXPIRY *(in full)* \_\_\_\_\_

**DETAILS OF STUDENTS 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 student/s 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'S SIGNATURE**

**SCHOOL OFFICER MUST SIGHT AND COPY 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