

OFFICE ONLY	1 st child	2 nd child	3 rd child	TOTAL
Tuition				
Curriculum Levy				
Building Levy				
SAS				

CONCESSION CARD FEE DISCOUNT SCHEME

Parent Application Form

SCHOOL NAME	OOL NAME Bunbury Catholic College						
SCHOOL LOCATION	Rodsted Street, Bunbury						
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 <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:							
bcc.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 OFFICE	R SIGNAT	URE	POSITION HELD	DATE			