

Name of School\*:

Suburb:

\*Mandatory Field

## HCC TUITION FEE DISCOUNT SCHEME FORM

### Parent/Legal Guardian Details

(Please complete in full – no abbreviations)

Surname:

First name:

Customer Number (If known):

### Centrelink Concession Card Details:

Family Health Care Card (*Fee Payers card only, no children's cards*)

Pensioner Concession Card (*Fee Payers card only, no children's cards*)

Card Code:

Card No (CRN):

Date of Expiry (*in full*):

### Student Details

Number of Siblings:

Surname	First Name	Year Level	School

### 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; and
- I will notify the school if my concession card status changes during the year.

I authorise:

- The school to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink customer details and concession card status to enable the school to determine if I qualify for a concession.
- The Australian Government Department of Human Services (the department) to provide the results of that enquiry to the school.

I understand that:

- The department will disclose personal information to the school including my name/payment type/payment status and concession card type and status to confirm my eligibility for the relevant concession.
- This consent, once signed, remains valid while I am a customer of the school unless I withdraw it by contacting the school or the department.

Continued overleaf...

- I can get proof of my circumstances/details from the department and provide it to the school so my eligibility for the concession can be determined.
- If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concession provided by the school.

**Parent/Guardian's SIGNATURE:**



**Date:**

**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:**