



## APPLICATION FOR HEALTH CARE CARD/PENSION CARD CONCESSION IN DIOCESE OF MAITLAND NEWCASTLE/ST PAULS HIGH SCHOOL, BOORAGUL.

Health Care/Pension Card holders are eligible for a reduction in Tuition Fees. All information will be treated in strictest confidence with only the Principal and/or School Finance Officer having access to the completed form. If you require assistance in completing this form, please contact the Office. **A NEW APPLICATION MUST BE MADE EACH YEAR.**

### 1 APPLICANT DETAILS

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

#### Students attending Diocesan Catholic Schools

Student Name	Year	School

### 2 CONCESSION ENTITLEMENT

Which one of the following describes your Current family situation?

Sole Parent/Carer       Married or Partnered       Separated or Divorced

Which of the following concessions do you personally receive? (Please provide a copy of your health care card or your pension concession card. (Please tick one box only)

Health Care Card       Pension Concession Card

Concession entitlement number \_\_\_\_\_ Concession entitlement expiry date \_\_\_\_\_



**You only need to complete this question if you are supported by a partner**

Which of the following concessions does your partner receive?

Health Care Card       Pension Concession Card       None

Concession entitlement number \_\_\_\_\_ Concession entitlement expiry Date \_\_\_\_\_

What is their usual occupation (if working) \_\_\_\_\_

### 3 DECLARATION

- I declare that to the best of my knowledge the information supplied in all parts of this application is correct and complete.
- I enclose a copy of my Health Care/Pension Card
- I will notify the school office immediately if my circumstances change and I am no longer a Health Care/Pension Card Holder.
- I give authority to the school to check my status with Centrelink as necessary
- I understand that I am required to pay any other school fees and charges in full, unless a separate arrangement for a further reduction with respect to these fees has been made with the Principal
- I wish to make an appointment with the Principal to discuss additional arrangements regarding fees.     Yes     No

Signature of Cardholder (who should be the Fee Payer) \_\_\_\_\_