

## HEALTH CARE CARD / PENSION CARD CONCESSION APPLICATION

Health Care / Pension Card holders are eligible for a discount off the Diocesan Tuition Fee full rate. Together with the family discount if applicable, this discount will not exceed 50% of the Diocesan Tuition Fees on the school fee account. All information will be treated with the strictest confidence, only the Principal and/or School Finance Officer have access to this application. If you require assistance in completing this application or require further financial assistance, please contact the Principal.

An Application for Health Care / Pension Card discount is to be submitted to each school your child/ren attend.

**A new application for HCC/Pension Card Concession must be made at the beginning of each year.**

- 1 Applicant Details :** Applicant and the Cardholder must be in the same name as the person responsible for school fees. **NB: Health Care Card issued in the student's name is not valid for this concession.**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Student's Name:

Year/Class:

Student's Name:

Year/Class:

Student's Name:

Year/Class:

- 2 Concession Entitlement:** Which of the following concessions do you personally receive? Please tick and write your CRN number and expiry date.

☐

Health Care Card

CRN Number:

Exp Date:

**OR**

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Pensioner Card

CRN Number:

Exp Date:

### 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 (signature required on the HCC / Pension card).
- I will notify the school office immediately if my circumstances change and I am no longer eligible a HCC/Pension cardholder.
- I understand the School requires a CCeS consent form to check my status with Centrelink.
- I understand that I am required to pay any other fees levied by the school, in full, unless I seek additional financial assistance with the Principal. I will advise the School if this assistance required.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use	Tick	Family Discount Applied (%)	Eligible HCC/PCC Discount (%)
CCeS Consent Form checked by school:	<input type="checkbox"/>		