



Sacred Heart College

Concession Card Discount Form

Parent/Legal Guardian Details:

Please complete in full – no abbreviations

Parent/Guardian 1 Surname:

Parent/Guardian 1 First name:

Parent/Guardian 2 Surname:

Parent/Guardian 2 First name:

Centrelink Concession Card Details:

Family Card only not Child's Card – (Refer applicable codes)

Card Code:

Customer CRN:

Start Date of Card:

Date of Expiry:

Student Details:

Number of children in Catholic Education Tasmania:

Surname	First Name	Year Level	School

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Parent/Guardian Declaration:

I declare that:

- The card is in the name of the person responsible for fee payment;
- 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.
- Services Australia (the agency) to provide the results of that enquiry to the school.

I understand that:

- The agency 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 agency.
- I can get proof of my circumstances/details from the agency 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 1 Signature:



Date:

Parent/Guardian's 2 Signature:



Date:

SCHOOL OFFICER MUST SIGHT THE CLAIMANT'S CARD:

I have sighted the claimant's card and confirm the details are correct.

Name of School Officer:

Signature

Position Held:

Date:

Office Use Only

Debtor ID #:

Debtor Account Name

Tick as appropriate:

Full

Partial