



Thy Kingdom Come

OUR LADY OF GOOD COUNSEL SCHOOL

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ABN 72 684 318 130

CONCESSION CARD SCHOOL FEE DISCOUNT SCHEME

Parent Application Form

PARENT / LEGAL GUARDIAN DETAILS (Please complete in full with per the card no abbreviations)		
SURNAME:		FIRST NAME:
CENTRELINK CONCESSION CARD DETAILS		
Family Health Care Card (Family Card ONLY not Child's Card)	<input type="checkbox"/>	Pensioner Concession Card <input type="checkbox"/>
CARD No (CRN) :	Date of Expiry (in full):	
DETAILS OF STUDENT(S) ATTENDING THIS SCHOOL		
SURNAME	FIRST NAME	YEAR LEVEL
PARENT / GUARDIAN DECLARATION		
I DECALRE THAT <ul style="list-style-type: none"> • The card is in the name of the person responsible for fee payment. • The above students are NOT in receipt of any Bursary or Scholarship MORE THAN \$1,000. • I will notify the school if my concession card status changes during the year. 		
PARENT / GUARDIAN SIGNATURE _____		
TO BE COMPLETED BY SCHOOL OFFICER		
School Officer must sight and keep a copy of the Claimants Card		
I have sighted and copied the claimants card and confirm the details are correct.		
_____	_____	_____
School Officer Name	Signature	Position
_____	_____	_____
		Date

Updated: February 2023