



**CONCESSION CARD SCHOOL FEE DISCOUNT SCHEME**

*Parent Application Form*

**FORMS NEED TO BE RETURNED BY 11 APRIL 2025**

<b>SCHOOL NAME</b>	Our Lady of Mercy College
<b>SCHOOL LOCATION</b>	100 Leisure Drive, Australind

<b>PARENT/LEGAL GUARDIAN DETAILS</b> <i>(Please complete in full – no abbreviations)</i>		
<b>SURNAME:</b>	<b>FIRST NAME:</b>	
<b>CENTRELINK CONCESSION CARD DETAILS</b>		
<b>Pensioner Concession Card</b>		
<input type="checkbox"/> <b>Family Health Care Card</b> <i>(Family Card only <b>not</b> Child's Card)</i>	ISSUE DATE	
CARD NO (CRN) _____	DATE OF EXPIRY <i>(in full)</i>	
<b>DETAILS OF STUDENT(S) ATTENDING THIS SCHOOL</b>		
SURNAME	FIRST NAME	YEAR LEVEL
<b>PARENT/GUARDIAN DECLARATION</b>		
<b>I DECLARE THAT</b>		
<ul style="list-style-type: none"> <li>The card is in the name of the person responsible for fee payment.</li> <li>I have <u>NOT CLAIMED</u> nor do I intend to claim Aboriginal Secondary Grants Scheme –<u>ABSTUDY</u>.</li> <li>The above students are <u>NOT</u> in receipt of any Bursary/Scholarship MORE THAN \$1,000.</li> <li>I will notify the school if my concession card status changes during the year.</li> </ul>		
<p><b>Please email form and photocopy of card to:</b> <a href="mailto:olmca.accounts@cewa.edu.au">olmca.accounts@cewa.edu.au</a></p>		_____
		<b>PARENT/GUARDIAN'S SIGNATURE</b>
<b>SCHOOL OFFICER MUST SIGHT AND KEEP A COPY OF THE CLAIMANT'S CARD</b>		
I HAVE SIGHTED AND COPIED THE CLAIMANT'S CARD AND CONFIRM THE DETAILS ARE CORRECT		
NAME OF SCHOOL OFFICER	SIGNATURE	POSITION HELD
		DATE