



APPLICATION FOR HEALTH CARE CARD/PENSION CARD CONCESSION IN DIOCESE OF MAITLAND-NEWCASTLE

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 filling in the form please contact the Principal. 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

Which one of the following describes your current family situation?

☐ Sole parent/Carer

☐ Married or Partnered

☐ Separated or Divorced

2 CONCESSION ENTITLEMENT

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 all information supplied in this application is to the best of my knowledge & belief complete & correct.
- 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 Caregiver/sDate.....