

Concession Card Discount Form

Name of School:				
Suburb/City:				
L				
Parent/Legal Guardia	an Details: (Pleas	se complete in fu	II – no abbre	<u>eviations)</u>
Parent/Guardian 1 Surname:		Parent/Guardian 1 First name:		
Parent/Guardian 2	Surname:	Parent/Guardi	an 2 First na	me:
Centrelink Concessi	on Card Details:	Family Card on	ly not Child'	s Card – (Refer applicable codes)
Card Code:	ard Code: Card No. (CRN):		_	Date of Expiry:
				DD / MM / YYYY
Student Details:				
Number of Children:	in C	Catholic Eduction	Tasmania	
Surname First Na		me	Year Level	School
			Level	

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

.... continued

	ed by the school.		
Parent/Guardian's 1 Signature:	Date:		
	DD/MM/YYYY		
Parent/Guardian's 2 Signature:	Date:		
	DD / MM / YYYY		
through the Catholic Education Commission (TCEO) and its schools are collecting this persofor a concession to school fees. The informatio (including information which may be sensitive (Cth). If you do not provide the information reable to proceed. Personal information is managed in accordance on request or from the Catholic Educations://catholic.tas.edu.au/privacy-policy.	'S CARD:		
Name of School Officer:	Signature		
Position Held:	Date:		
	DD / MM / YYYY		
Office Use Only Debtor ID #: Debto Tick as appropriate:	or Account Name		
Full Partial			

If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may