

AMPS, SPORTS AND EXC		APPLICATION FO	TXIVI	
ARMSTRONG CA	een	Dalamak	DCE ID	^
School Name		School	KEF ID	28/22
Parent/legal guardian	details		C	
Surname CODY	ock			- FERRIM
First name Brian	1			
Address 19 S	tump Jump	Lane		
Town/suburb Am	rong Creek	State	Postcode	e 3217
Contact number 64	58 620	302		
Centrelink pensioner con VSM - 22	3 - 19 -	OR	-	
Foster parent* OR *Foster Parents must provide a copy **Applicants must provide a copy of	100			vices (DHHS).
Student details		5		
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Coppock	Harrison	Coponi	03/03/12	2

Lauthorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

I understand that:

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Armstrong Creek
School Name School REF ID
Parent/legal guardian details
Surname Stanky
First name Cartli
Address 2181 Warrality Blvd
Town/suburb Armstrong areel State VIC Postcode 3217
Contact number <u>0439 787 581</u>
Centrelink pensioner concession OR Health care card number (CRN)
305-572-999-HOR
Foster parent* OR Veterans affairs pensioner
*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS).
Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Robinson	Lilly		11-06-2010	4
Monckton	Kaiden		22-10-2014	Prep

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Signature of applicant



Date 31/01/120





School Name	School REF ID
Parent/legal guardian details	1912120
Surname Harvey	
First name Veronica	
Address 1/2 Gumtree cut	
Town/suburb Highton	State VIC Postcode 3216
Contact number 0421857111	
Centrelink pensioner concession OR Health care card	d number (CRN) OR
Foster parent* OR Veterans affairs pensione	er
*Foster Parents must provide a copy of the temporary care order letter from the	e Department of Health and Human Services (DHHS).

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
PYATT	MASON		20/03/10	4
	9			

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Signature of applicant

Date 301 1 120





Armstrong Creek School	
	School REF ID
Parent/legal guardian details	
Surname Kennedy	Y
First name Iracy	
Address 13 Seifferts St	
Town/suburb Armstrong Creek St	ate_VicPostcode_3217_
Contact number 0466 877 319	
Centrelink pensioner concession OR Health care card no	umber (CRN)
305-694-719-B OF	र
Foster parent* OR Veterans affairs pensioner	
*Foster Parents must provide a copy of the temporary care order letter from the De	epartment of Health and Human Services (DHHS).
Student details	

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Josh Turner	Josha		08 07 2009	5
Kennedy	Jaydyn		05/11/2012	2
Kennedy	hachian		01/09/2014	Prep.
			-5 241	

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Annstrona Crock School
School Name School REF ID
Parent/legal guardian details
Surname Description Recommendation of the surname Description of the surnam
First name Tanika.
Address 14 Tenter Geld Street.
Town/suburb Amstrong Creek State UC Postcode 3217
Contact number O419867 444.
Centrelink pensioner concession OR Health care card number (CRN)
305-504-033-L OR
Foster parent* OR Veterans affairs pensioner
*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS).
Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year leve
Dyson	Charlette	0150003	31.10.2012	2
DYSON DYSON	Izzabelle		30.06.2014	b reb

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Signature of applicant

Date 04/12/19





School Name School REF ID
Parent/legal guardian details
Surname_Mo(gan)
First name Tanya
Address 2169 Warrally Brd
Town/suburb AINStrong creek State VIC Postcode 3217
Contact number 0401786266.
Centrelink pensioner concession OR Health care card number (CRN)
307-931-022-COR
Foster parent* OR Veterans affairs pensioner
*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS).
Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Eyles	Zayne		06/11/2014	Prep
0	J			

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School Name		School	REF ID	
Parent/legal guardia	n details			
Surname Heady	Pearce			
First name <u>tr</u>	Kimberly			
Address (U2 Be	760			
Town/suburb Ams	1	State/ I	C Postcode	3217
Contact number <u> 64</u>		Otate	1 0010000_	J 62_ ()
		ve eard acceptor (DDM)	
	oncession OR Health ca	·	JKN)	
702 - 70		L OR		
Foster parent* OR	Veterans affairs pe	ensioner		
Foster Parents must provide a co	ppy of the temporary care order lette	er from the Department of	Health and Human Service	es (DHHS).
Student details				
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Child's surname	Child's first name	Student ID		Year level
* 1	Child's first name	,	(dd/mm/yyyy)	Year level
* 1	Child's first name	,	(dd/mm/yyyy)	Year level
* 1	Child's first name	,	(dd/mm/yyyy)	Year level
* 1	Child's first name	,	(dd/mm/yyyy)	Year level
* 1	Child's first name	,	(dd/mm/yyyy)	Year level
authorise the Department of Edu	Child's first name Cibby Ication and Training (DET) to use Coard status in order to enable the bus at Department of Human Services (DH	Ste oco 6 entrelink Confirmation eSesiness to determine if I qu	ervices to perform an enquinulalify for a concession, rebat	Pre p
authorise the Department of Edu ustomer details and concession cuthorise the Australian Government understand that:	roation and Training (DET) to use Co	entrelink Confirmation eSe siness to determine if I qu S) to provide the results of for the Camps, Sports and	ervices to perform an enquiralify for a concession, rebatthat enquiry to DET.	Pre p
authorise the Department of Edu ustomer details and concession c uthorise the Australian Governmen understand that: DHS will use information I have pr personal information including my this consent, once signed, remains	ecation and Training (DET) to use Co eard status in order to enable the bus at Department of Human Services (DH revided to DET to confirm my eligibility name, address, payment and concess s valid while my child is enrolled at a reg	entrelink Confirmation eSesiness to determine if I qui S) to provide the results of for the Camps, Sports and sion card type and status.	ervices to perform an enquiralify for a concession, rebat that enquiry to DET. Excursions Fund and will disess I withdraw it by contacting	y of my Centrel e or service. I a
authorise the Department of Edu ustomer details and concession c uthorise the Australian Governmen understand that: DHS will use information I have pr personal information including my this consent, once signed, remains	ecation and Training (DET) to use Co eard status in order to enable the bus at Department of Human Services (DH rovided to DET to confirm my eligibility name, address, payment and concess s valid while my child is enrolled at a reg ences/details from DHS and provide it to	entrelink Confirmation eSesiness to determine if I qui S) to provide the results of for the Camps, Sports and sion card type and status.	ervices to perform an enquiralify for a concession, rebat that enquiry to DET. Excursions Fund and will disess I withdraw it by contacting	y of my Centre e or service. I a
authorise the Department of Edu ustomer details and concession cuthorise the Australian Government understand that: DHS will use information I have prepersonal information including my this consent, once signed, remains I can obtain proof of my circumsta Excursions Fund can be determine if I withdraw my consent or do it	acation and Training (DET) to use Co and status in order to enable the bus at Department of Human Services (DH covided to DET to confirm my eligibility name, address, payment and concess is valid while my child is enrolled at a reg inces/details from DHS and provide it thed.	entrelink Confirmation essiness to determine if I questions to provide the results of for the Camps, Sports and sion card type and status.	ervices to perform an enquire alify for a concession, rebat that enquiry to DET. Excursions Fund and will discuss I withdraw it by contacting for the Camps, Sports and	y of my Centre e or service. I a
authorise the Department of Edu ustomer details and concession outhorise the Australian Government understand that: DHS will use information I have propersonal information including my this consent, once signed, remains I can obtain proof of my circumsta Excursions Fund can be determined if I withdraw my consent or do a excursions Fund provided by DET information regarding my eligibility.	cation and Training (DET) to use Cotard status in order to enable the bust Department of Human Services (DH rovided to DET to confirm my eligibility name, address, payment and concests valid while my child is enrolled at a regunces/details from DHS and provide it ted. not alternatively provide proof of my ty for the Camps, Sports and Excurs	entrelink Confirmation eSesiness to determine if I question of the Camps, Sports and sion card type and status. gistered Victorian school unling DET so that my eligibility circumstances/details, I minons Fund may be disclose	ervices to perform an enquire alify for a concession, rebat that enquiry to DET. Excursions Fund and will discuss I withdraw it by contacting for the Camps, Sports and may not be eligible for the Cased to the Victorian Department.	y of my Centre e or service. I a sclose to DET g the school.
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Arristrono, Ca	eek School			
School Name				
Parent/legal guardian de	etails			
Surname_ Pear	Q			
First name Bett				
Address 128 Coo	ustside i	xive		
Town/suburb Acusto	rang cree	R State V	Postcode	3017
Contact number OHC	1-942-419	Š'		
Centrelink pensioner conce	ssion OR Health care o		RN)	
Foster parent* OR	Veterans affairs pen	sioner (Gold Ca	rd)**	
*Foster Parents must provide a copy of **Applicants must provide a copy of the		rom the Department of	f Health and Human Servi	ices (DHHS).
Student details				
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
fearce	Alyssa		16-4-15	Prep

Child's surname

Child's first name

Student ID

Date of birth (dd/mm/yyyy)

16-4-15

Prep

Student ID

Told of birth (dd/mm/yyyy)

16-4-15

Prep

Told of birth (dd/mm/yyyy)

Told of birth (dd/mm/yyyyy)

Told of birth (dd/mm/yyyy)

Told of birth (dd/mm/yyyyy)

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CAMPS, SPORTS AND EXCURSIONS FUND (CSEF)	APPLICATION FORM
ARMSTRONG CREEK P.S.	
School Name	School REF ID
Parent/legal guardian details	
Surname MEYER	
First name MILISSA	
Address 60 Ocean Grand	State VIC Postcode 3226
Town/suburb Ocean Grave	State_VIZPostcode_Down
Contact number 0418365262	
Centrelink pensioner concession OR Health car	
306-569-394-	
Foster parent* OR Veterans affairs pe	
*Foster Parents must provide a copy of the temporary care order lett **Applicants must provide a copy of the Veteran Affairs Gold card	er from the Department of Health and Human Services (DHHS).
Chudant datalla	

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
MEYER	BYRON		22/06/2009	5
Now the second				
	and the samples of the long blood below in 1944. It therefore that the translation of the Company of the Compan		The second secon	

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Signature of applicant

Date 15 16 120





	School REF ID).
Parent/legal guardian details		CNICERED
Surname_FREEMAN		M2/3/50 M
First name KRIS		
Address 265 WARRALLY BLVD		
Town/suburb_ARMSTRONG CREEK	State_Vl C	Postcode 3217
Contact number <u>0414194110</u>		
Centrelink pensioner concession OR Health care card	number (CRN) OR	
Foster parent* OR Veterans affairs pension	er (Gold Card)**	
*Foster Parents must provide a copy of the temporary care order letter from the standard must provide a copy of the Veteran Affairs Gold card	ne Department of Health and	d Human Services (DHHS).

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
BOGAERS	RUBY		28.4.12	2
BOGAERS BOGAERS	RUBY HARPER		多11.6.14	PREP

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ARMSTRONG CREEK		
	School REF ID	PNOOSRE
Parent/legal guardian details		4/3/20
Surname_Ba\zan		Market and the second
First name		
Address 5 Falcon St		
Town/suburb Armstrong Creek Contact number 0419 072 328	State Post	code_3217
Centrelink pensioner concession OR Health care card in Section 1. Section 1	OR	
*Foster Parents must provide a copy of the temporary care order letter from the **Applicants must provide a copy of the Veteran Affairs Gold card	·	n Services (DHHS).
Student details		

student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Majaine	Byran		01-41-14	Prep
	0			1
			-	-

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Signature of applicant

Date <u>09103120</u>,





Armstrong Creek School School Name	School REF ID
Parent/legal guardian details	12 13/20
Surname Reardon	15151
First nameNo/wa	
Address 22 Austin St	
Town/suburb_Winchelsea	State Vic Postcode 3241
Contact number 0423 853 191	
Centrelink pensioner concession OR Health care card	number (CRN)
301-126-800-K	or Kinship Giver
Foster parent* OR Veterans affairs pensione	r
*Foster Parents must provide a copy of the temporary care order letter from the	Department of Health and Human Services (DHHS).
Student details	

Year level
7 7
-
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Signature of applicant

Kendon

Date \$12/2020





ARMSTRONGPRI	REEK				
School Name		School	School REF ID		
Parent/legal guardian de	etails		PINTE DO		
Surname ROGER	S		I ANZIA		
First name WAYNE	-PAUL				
Address 215HEA	RWATER (DR			
Town/suburb_ARMS	RONG CRE	State_V	1C Postcode	3217	
Contact number 047	8734753				
3 0 7 - 7 9 8 Foster parent* OR	Centrelink pensioner concession OR Health care card number (CRN) 307 - 798 - 795 - A OR 303574537X				
Student details					
Child's surname	Child's first name	StudentID	Date of birth (dd/mm/yyyy)	Year level	
ROGERS	WAYNE-PAUL		11:07.23	GRADE 1	
KOGEKS	ED		21.06-0	GRADES	
ROGERS	JEVIE		01.0312	GRADE	
I authorise the Department of Education customer details and concession card sta authorise the Australian Government Department Depa	itus in order to enable the busines	ss to determine if I qu	alify for a concession, reb	uiry of my Centrelink ate or service. I also	
I understand that:	L DETA COMMON PROPERTY COM				
 DHS will use information I have provided personal information including my name, 	address, payment and concession	card type and status.			
 this consent, once signed, remains valid values. I can obtain proof of my circumstances/de 			12 12 2 13 13 13 13	-	
Excursions Fund can be determined. • if I withdraw my consent or do not alte		, , ,	911		
Excursions Fund provided by DET.					
 information regarding my eligibility for the Human Services and for State Schools R 	ne Camps, Sports and Excursions elief for the purpose of evaluating	Fund may be disclost concession card serv	sed to the Victorian Depar vices or confirming eligibili	tment of Health and ty for assistance.	
You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your child's school.					
Signature of applicant		=	Date <u>O</u>	510212020	



en) provenit	eK			
School Namo		Schoo	REFID	
Parent/legal guardian de	etails			
Surname	CTHTON			
First name + C	olly J	UNE		
Address 29 DEL	TA PRIV	15		
Town/suburb Armsha	ong Creak	State_ √	Postcode	3217
Contact number 04	W 376	848		
Centrelink pensioner conces 3 0 1 - 6 3 5 Foster parent* OR	ssion OR Health care of the	T OR		28/2/20
*Foster Parents must provide a copy of t		from the Department	of Health and Human Service	ces (DHHS).
**Applicants must provide a copy of the Student details	Veteran Affairs Gold card			
Student details				
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Wills Gear	Lewis		25.10.14.	trep.
I authorise the Department of Education and details and concession card status in orde Australian Government Department of Hum	r to enable the business to deter	mine if I qualify for a c	oncession, rebate or service.	
I understand that:				
 DHS will use information I have provided personal information including my name, 			d Excursions Fund and will di	sclose to DET
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Excursions Fund can be determined. • if I withdraw my consent or do not alternating.	vely provide proof of my circumsta	nces/details, I may not l	be eligible for the Camps, Spo	orts and Excursions
Fund provided by DET. • information regarding my eligibility for the				
Human Services and /or State Schools You are able to request access to the personal state of the school.				
child's school.	DIN		Date 21, 2, 2	10.
Signature of applicant			Date	- 1



Parent/legal guardian details	School REP (177) 23 (24) (28) 2(20)
Surname Smith	
First name Nicole	
Address 162 Barwarre Road	
Town/suburb_GravedaleSt	tate_VicPostcode_3216
Contact number <u>0408416992</u>	
Centrelink pensioner concession OR Health care card nu	mber (CRN)
307-663-356-A OF	₹
Foster parent* OR Veterans affairs pensioner (Gold Card)**
*Foster Parents must provide a copy of the temporary care order letter from the De **Applicants must provide a copy of the Veteran Affairs Gold card	partment of Health and Human Services (DHHS).
Student details	

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Edwards - Hoodley	Theo		13-01-2012	2.
9				

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

Lunderstand that:

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Signature of applicant Date 2/12/2020



School Name	SCHOOLERUS
Parent/legal guardian details	1472 15/50 1A
Surname Wilson	
First name Jerosha	
Address 11 Sportnik Court	
Town/suburb Whittington	StatePostcode
Contact number 0422012759	
Centrelink pensioner concession OR Health care car	rd number (CRN)
302-635-645-1	OR
Foster parent* OR Veterans affairs pension	ner
*Foster Parents must provide a copy of the temporary care order letter from the	he Department of Health and Human Services (DHHS).

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Secretion				
12150n	Scarlett		11/7/2011	2
Wilson	Bailey		5/3/2013	3 1
				ļ
			<u> </u>	

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service, I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

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AIMPS, SPORTS AND EXCUR	SIONS FUND (CSEF)	APPLICATION	ORIVI	
Armstrong C	reek	Calaaa	DEE ID	
School Name		School	REF ID	
Parent/legal guardian de	tails	Te	West State	
Surname Arnold	Fiske	jq	9/2/20	
First name	e Sheree		45/2019	
Address 22 KOS	Low Stree	L		
Town/suburb Ormstron	ng Cheek	State_⊻	Postcode	3217
Contact number 0466	5628205			
Centrelink pensioner conces Centrelink pensioner conces Foster parent* OR Foster parent* OR *Foster Parents must provide a copy of the student details	- 629 - [L OR 3	03 198 13	
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Stenna Arnold	Sienna		27.10-14	prep
I authorise the Department of Education customer details and concession card star authorise the Australian Government Depart I understand that: DHS will use information I have provided personal information including my name,	tus in order to enable the busin- tment of Human Services (DHS) to DET to confirm my eligibility for	ess to determine if I q to provide the results o r the Camps, Sports an	ualify for a concession, rebi	ate or service. I also
• this consent, once signed, remains valid v	while my child is enrolled at a regist	ered Victorian school un	less I withdraw it by contacting	ng the school.
 I can obtain proof of my circumstances/de Excursions Fund can be determined. 	etails from DHS and provide it to D	DET so that my eligibility	for the Camps, Sports and	
if I withdraw my consent or do not alte Excursions Fund provided by DET.	rnatively provide proof of my cir	rcumstances/details, I	may not be eligible for the	Camps, Sports and
• information regarding my eligibility for th Human Services and /or State Schools Re				
You are able to request access to the persochild's school.	V .		The state of the s	
Signature of applicant	perolypa	2	Date 3	12 12020

State Government



Armstrong Creek -	
School Name	School REF ID
Parent/legal guardian details	CMITERIE
Surname Prestas	2712 12010
First name Lara	
Address 566 Tucker	street
Town/suburb Breakwater	State Utc Postcode 3219
Contact number 04 854 - 8	(干)
Centrelink pensioner concession OR Health care ca	Lor Diesels' Womber
Foster parent* OR Veterans affairs pension	ner 306 251 032J is Lara Prestas
*Foster Parents must provide a copy of the temporary care order letter from	the Department of Health and Human Services (DHHS).
Student details	

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
France	Diesel		16.12.06	7
			-	

Lauthorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if Lqualify for a concession, rebate or service. Lalso authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

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Armstrong Creek
15 chool Name
Parent/legal guardian details
Surname Naway
First name Indie
Address 19 stephenson drive
Town/suburb Armstrong Creak State VIC Postcode 3217
Contact number <u>0430943283</u>
Centrelink pensioner concession OR Health care card number (CRN)
807-953-844-ZOR
Foster parent* OR Veterans affairs pensioner (Gold Card)**
*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS). **Applicants must provide a copy of the Veteran Affairs Gold card
Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Nawar	Indie		26-1-2015	Prep
				-

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Armstrong Greek Primary
125/2/2010 PM
Parent/legal guardian details
Surname Brown
First name Marie Linda
Address 474 Boundary Road
Town/suburb Armsmong Creak State VIC Postcode 3217
Contact number 0411 579 67S
Centrelink pensioner concession OR Health care card number (CRN) 3 6 - 086 - 174 - 6 OR
Foster parent* OR Veterans affairs pensioner (Gold Card)**
*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS). **Applicants must provide a copy of the Veteran Affairs Gold card

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Brown	Lucas		24.01.06	3
Brown	lucas lilliama		13.2.15	prep

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Signature of applicant Marcun Date 75/2/1797020



ARMSTRONG CREEK	School			
Parent/legal guardian d	etails	T	NOTERE	
Surname_ HORNE			2112/20	
First name NICOU	ξ			
Address 24 Fork	ESTERS W	M		
Town/suburb_ARMSTR	ONG CREEK	State_\	1L Postcode	3217
Contact number OA	A778508			
Centrelink pensioner conce	ssion OR Health card - 8 7 5 - Veterans affairs pe	A OR	,	
*Foster Parents must provide a copy of **Applicants must provide a copy of the state of the stat		er from the Department o	of Health and Human Service	ces (DHHS).
Student details				
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
KAMINSKI	XANDER	KAM 0003	25/09/2014	PREP

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Signature of applicant Date 18/02/20



	School REF ID	DATE
Parent/legal guardian details		120/2/2011
Surname ROBWSOW		UICIZOIU
First name Karew		
Address 9 Thywo WAY		
Town/suburb Arystonia CREEK	StatePo	ostcode_SD17
Contact number 0409 517 567	1	
Centrelink pensioner concession OR Health care of	card number (CRN)	
302 - 1175 - 981 - [X OR	
Foster parent* OR Veterans affairs pens	sioner (Gold Card)**	
*Foster Parents must provide a copy of the temporary care order letter fr **Applicants must provide a copy of the Veteran Affairs Gold card	rom the Department of Health and Hu	uman Services (DHHS).
01 1		

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
ROBINSON	WILLIAM		02/03/2010	4
ROBINSON	MADISON		23/06/2012	2

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

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Signature of applicant Date 20/2 / 2000 VICTORIA



ARMSTRONG CREEK SCHOOL	
	School REF ID
Parent/legal guardian details	DOG 120
Surname LOADER	Marian
First name CHRISTINE	
Address 4 MERCURY CRESENT	
Town/suburb_NEWCOMB	State VC Postcode 3219
Contact number <u>0438014805</u>	
Centrelink pensioner concession OR Health care card	number (CRN)
301-377-509-0	OR
Foster parent* OR Veterans affairs pensione	er (Gold Card)**
*Foster Parents must provide a copy of the temporary care order letter from the **Applicants must provide a copy of the Veteran Affairs Gold card	Department of Health and Human Services (DHHS).
Student details	

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
MORGAN	STEPHEN		22-5-2007	7
			-	

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Signature of applicant C-Levelr Date 2012 12020



ichool Name		12075	्राह्मा <u>ल</u> ाह्मा	
arent/legal guardia	ın details	A IS	2/20	
urname Pulis			75010	
irst name Veror				
ddress_ II SPC	ctacle way			
own/suburbLeo		State_V	Postcode_	3224
ontact number04				
entrelink pensioner co	oncession OR Health care	ALC: A STATE OF THE STATE OF TH	RN)	
entrelink pensioner co 3 0 3 - 3 i Foster parent* OR oster Parents must provide a c	1 - 1 9 8 - 1	OR sioner (Gold Ca	ard)**	es (DHHS).
entrelink pensioner co 3 0 3 - 3 1 Foster parent* OR oster Parents must provide a con Applicants must provide a con tudent details	Veterans affairs pen opy of the temporary care order letter by of the Veteran Affairs Gold card	OR sioner (Gold Ca	ard)** If Health and Human Service Date of birth	
entrelink pensioner compared and a c	Veterans affairs pen opy of the temporary care order letter by of the Veteran Affairs Gold card Child's first name	OR sioner (Gold Ca	ard)** If Health and Human Service Date of birth (dd/mm/yyyy)	Year level
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entrelink pensioner compared and a c	Veterans affairs pen opy of the temporary care order letter by of the Veteran Affairs Gold card	OR sioner (Gold Ca	ard)** If Health and Human Service Date of birth (dd/mm/yyyy)	Year level
entrelink pensioner compared to the pensioner compared to the person of the pensioner compared to the pensioner compared t	Veterans affairs pen opy of the temporary care order letter by of the Veteran Affairs Gold card Child's first name Tay Amira	OR sioner (Gold Ca	Date of birth (dd/mm/yyyy)	Year level

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Signature of applicant

\$1

Date 6 / 2 / 20





Armstrong Creek School

Parent/legal guardian details

CAMPS, SPORTS AND EXCURSIONS FUND (CSEF) APPLICATION FORM

SurnameKARN	15			
First name_SARA				
Address 148 h	JARRALILY B	OULEVA	RD	
	STRONG CREE			3217
	437 583 063			
	oncession OR Health care	e card number (CRN)	
Foster parent* OR		sioner		
*Foster Parents must provide a c	opy of the temporary care order letter	from the Department o	f Health and Human Serv	ices (DHHS)
Student details				
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
KARNIS	NATASHA		6 - 1 - 14	Prep
customer details and concession of	ucation and Training (DET) to use Cen card status in order to enable the busin nt Department of Human Services (DHS)	less to determine if I qu	ualify for a concession, reb	
I understand that:				
	rovided to DET to confirm my eligibility for name, address, payment and concession		d Excursions Fund and will o	disclose to DET
	ns valid while my child is enrolled at a regis			
 I can obtain proof of my circumsta Excursions Fund can be determined 	ances/details from DHS and provide it to ned	DET so that my eligibility	for the Camps, Sports and	
 if I withdraw my consent or do Excursions Fund provided by DET 	not alternatively provide proof of my ci	rcumstances/details, I r	may not be eligible for the	Camps, Sports ar
• information regarding my eligibil Human Services and /or State Sc	ity for the Camps, Sports and Excursio hools Relief for the purpose of evaluatin	ns Fund may be disclo	sed to the Victorian Depar vices or confirming eligibili	tment of Health ar ty for assistance.
	he personal information that we hold about	ut you, and to request th	at any errors be corrected,	by contacting your
You are able to request access to the child's school. Signature of applicant	- A			



School Name	School REF ID
Parent/legal guardian details	
Surname SARGENT	Ren
First name ZOE	2011
Address 12 VAUGHAN DRIVE	
Town/suburb ARMSTRONG CREEK S	State VIC Postcode 3217
Contact number 0468706428	
Centrelink pensioner concession OR Health care card of the control of the concession OR Health care card of the control of	number (CRN) DR
*Foster Parents must provide a copy of the temporary care order letter from the D	Department of Health and Human Services (DHHS).

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
THATCHER	SCHRLETT		25/09/2013	1

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Signature of applicant_



Date 41/12020





School Name		School	REF ID	
Parent/legal guardian d	letails			
Surname Ryan				
First name_ <u>5,~~</u> 0~	ne			
Address 214 She	M road			
Town/suburb_ <u>cea</u>	Grove	State_Vic	Postcode_	3226
Contact number <u>બ્લ</u> ે	9514212			
Centrelink pensioner concessions Foster parent* OR Foster Parents must provide a copy of the copy of	- D 9 - Veterans affairs pen	OR sioner		ces (DHHS).
Child's surname	Child's first name	StudentID	Date of birth (dd/mm/yyyy)	Year level
Ryan	Book		27.5.09	5
authorise the Department of Educatio customer details and concession card sauthorise the Australian Government Depunderstand that: DHS will use information I have provide personal information including my name this consent, once signed, remains valid I can obtain proof of my circumstances. Excursions Fund can be determined, if I withdraw my consent or do not a excursions Fund provided by DET.	status in order to enable the busin partment of Human Services (DHS) and to DET to confirm my eligibility for e, address, payment and concession of while my child is enrolled at a regist details from DHS and provide it to I alternatively provide proof of my climate the Camps, Sports and Excursion Relief for the purpose of evaluating	ess to determine if I questo provide the results of the results and the results are discontinuous that my eligibility roumstances/details, I results from the results are results and the results are results are results and the results are re	ualify for a concession, rebat that enquiry to DET. d Excursions Fund and will disess I withdraw it by contaction for the Camps, Sports and may not be eligible for the Cased to the Victorian Departryices or confirming eligibility	sclose to DET g the school. Camps, Sports and ment of Health and of or assistance.
customer details and concession card sauthorise the Australian Government Depunderstand that: DHS will use information I have provide personal information including my name this consent, once signed, remains validation in the personal information including my name this consent, once signed, remains validation in the personal information proof of my circumstances. Excursions Fund can be determined, with I withdraw my consent or do not a Excursions Fund provided by DET.	status in order to enable the busin partment of Human Services (DHS) and to DET to confirm my eligibility for e, address, payment and concession of while my child is enrolled at a regist details from DHS and provide it to I alternatively provide proof of my climate the Camps, Sports and Excursion Relief for the purpose of evaluating	ess to determine if I questo provide the results of the results and the results are discontinuous that my eligibility roumstances/details, I results from the results are results and the results are results are results and the results are re	ualify for a concession, rebat that enquiry to DET. d Excursions Fund and will disess I withdraw it by contaction for the Camps, Sports and may not be eligible for the Cased to the Victorian Departryices or confirming eligibility	sclose to DET g the school. Camps, Sports and ment of Health and for assistance. y contacting your



	<u>शिक्षप्रकार</u>	9000		
School Name	19/2/	School	REF ID	
Parent/legal guardian	details			
Surname_FUNARI				
First name GEMM	A			
Address 62 CRES	EKWARD OR			
Town/suburb_ARMS	TRONG CREEK	State VI	Postcode	3217
Contact number <u>OLG</u>	7699695			
	ncession OR Health care		CRN)	
Foster parent* OR	Veterans affairs pens	sioner		
*Foster Parents must provide a cop	y of the temporary care order letter f	rom the Department o	f Health and Human Serv	ices (DHHS).
Student details				
Child's surname	Child's first name	Student ID	Date of birth	Year level

Funcili -

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
TURNER	GRETA		6-4-10	5
TURNER	FRANCESCO		17-4-14	1

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

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- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Camps, Sports and Excursions Fund provided by DET.
- information regarding my eligibility for the Camps, Sports and Excursions Fund may be disclosed to the Victorian Department of Health and Human Services and /or State Schools Relief for the purpose of evaluating concession card services or confirming eligibility for assistance.

You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your child's school.

Signature of applicant

Date 412140





С

				11
School Name		School	REF ID	
Parent/legal guardia	n details		CNITIERIE	าก
Surname Lives	ed Henrique	25.	1419/2/20	W
Λ	- 1			
irst name Av 100	E Jordi			
Address 55 10	orquay ra			701
own/suburb	mont	State V	1C Postcod	e <u>5216.</u>
Contact number	0432449836			
305 - 87 Foster parent* OR		A OR sioner		rvices (DHHS).
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Livesey	Arlee		23.10.14	Prep
			0:	
ustomer details and concession of uthorise the Australian Governmen understand that: DHS will use information I have p	acation and Training (DET) to use Centrard status in order to enable the busing the Department of Human Services (DHS) rovided to DET to confirm my eligibility for name, address, payment and concession	ess to determine if I q to provide the results o r the Camps, Sports an	ualify for a concession, re f that enquiry to DET. d Excursions Fund and wil	ebate or service. I al
ustomer details and concession of uthorise the Australian Government understand that: DHS will use information I have p personal information including my this consent, once signed, remain	and status in order to enable the busin the Department of Human Services (DHS) rovided to DET to confirm my eligibility for name, address, payment and concessions valid while my child is enrolled at a regist	ess to determine if I q to provide the results o r the Camps, Sports an n card type and status. ered Victorian school un	ualify for a concession, refithat enquiry to DET. d Excursions Fund and will less I withdraw it by contact	ebate or service. I all Il disclose to DET cting the school.
ustomer details and concession of uthorise the Australian Government understand that: DHS will use information I have p personal information including my this consent, once signed, remain	and status in order to enable the busin to Department of Human Services (DHS) rovided to DET to confirm my eligibility for name, address, payment and concessions valid while my child is enrolled at a regist unces/details from DHS and provide it to functions.	ess to determine if I q to provide the results o r the Camps, Sports an n card type and status. ered Victorian school un	ualify for a concession, refithat enquiry to DET. d Excursions Fund and will less I withdraw it by contact	ebate or service. I all listing the school.
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ustomer details and concession of authorise the Australian Government understand that: DHS will use information I have pupersonal information including my this consent, once signed, remain I can obtain proof of my circumstate Excursions Fund can be determined if I withdraw my consent or do excursions Fund provided by DET information regarding my eligibility.	and status in order to enable the busin to Department of Human Services (DHS) rovided to DET to confirm my eligibility for name, address, payment and concessions valid while my child is enrolled at a regist ences/details from DHS and provide it to led. not alternatively provide proof of my ci	ess to determine if I q to provide the results on the Camps, Sports an in card type and status, ered Victorian school un DET so that my eligibility roumstances/details, I in	ualify for a concession, refithat enquiry to DET. d Excursions Fund and will less I withdraw it by contactly for the Camps, Sports armay not be eligible for the cosed to the Victorian Dep	ebate or service. I all disclose to DET cting the school. Indicate the Camps, Sports are artment of Health and
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State Government



ARMSTRONG CREEK SCHOOL
School Name School REF ID
Parent/legal guardian details
Surname_ MEMICWS
First name_STEPHANIE
Address 23 CORECLA RD
Town/suburb ARMSTRONG CREEK State UC Postcode 3217
Contact number_ C47.6 274256
Centrelink pensioner concession OR Health care card number (CRN)
303-039-447-8 OR
Foster parent* OR Veterans affairs pensioner (Gold Card)**
*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS). **Applicants must provide a copy of the Veteran Affairs Gold card

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
舞 MEMOCUS	ELLA		01/02/10	4
好 MEMOCUS	NCAH		01/02/10	c(

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

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Signature of applicant Date On Color





C

Amstrong check				
School Name		School	REF ID	
Parent/legal guardian	details	CNICERE		
Surname_Fishe		19140		
First name Simme				
Address 9 gargane	y rd			
Town/suburb_AM87a	ong creek	State_ <i>U</i> [⊥]	Postcode	e 3217
Contact number_0481	281641			
Centrelink pensioner cond Centrelink pensioner cond Condition Foster parent* OR Foster Parents must provide a copy Student details	8 - [] 3 9 -	OR osioner		vices (DHHS).
Child's surname	Child's first name	StudentID	Date of birth (dd/mm/yyyy)	Year level
Kruger Cfishe)	Shuyla		15/03/15	prep
I authorise the Department of Educat customer details and concession card authorise the Australian Government D I understand that: DHS will use information I have provipersonal information including my nate this consent, once signed, remains value I can obtain proof of my circumstance Excursions Fund can be determined. if I withdraw my consent or do not Excursions Fund provided by DET.	I status in order to enable the busin epartment of Human Services (DHS) ded to DET to confirm my eligibility for me, address, payment and concessicalid while my child is enrolled at a regist es/details from DHS and provide it to I alternatively provide proof of my city or the Camps. Sports and Excursion	tess to determine if I questo provide the results of the Camps, Sports and the card type and status. The tered Victorian school unline DET so that my eligibility roumstances/details, I rouns Fund may be discloss.	ualify for a concession, re that enquiry to DET. d Excursions Fund and will ess I withdraw it by contact for the Camps, Sports and may not be eligible for the sed to the Victorian Depa	disclose to DET ting the school. d e Camps, Sports and
customer details and concession card authorise the Australian Government D I understand that: DHS will use information I have provipersonal information including my nate this consent, once signed, remains value in can obtain proof of my circumstance Excursions Fund can be determined. if I withdraw my consent or do not Excursions Fund provided by DET. information regarding my eligibility fruman Services and for State School	I status in order to enable the busin epartment of Human Services (DHS) ded to DET to confirm my eligibility for me, address, payment and concessionalid while my child is enrolled at a regist es/details from DHS and provide it to laternatively provide proof of my city or the Camps, Sports and Excursionals Relief for the purpose of evaluating	less to determine if I questo provide the results of a result to provide the results of a result to provide the results of a result to provide the results and type and status, and type and status, are determined to the results of t	ualify for a concession, re that enquiry to DET. d Excursions Fund and will ess I withdraw it by contact for the Camps, Sports and may not be eligible for the sed to the Victorian Departices or confirming eligibi	disclose to DET ting the school. d e Camps, Sports and artment of Health and lity for assistance.
customer details and concession card authorise the Australian Government D I understand that: DHS will use information I have provipersonal information including my nate this consent, once signed, remains value I can obtain proof of my circumstance Excursions Fund can be determined. if I withdraw my consent or do not Excursions Fund provided by DET.	epartment of Human Services (DHS) ded to DET to confirm my eligibility for ome, address, payment and concession alid while my child is enrolled at a regist es/details from DHS and provide it to laternatively provide proof of my city or the Camps, Sports and Excursion is Relief for the purpose of evaluating ersonal information that we hold about	less to determine if I questo provide the results of a result to provide the results of a result to provide the results of a result to provide the results and type and status, and type and status, are determined to the results of t	ualify for a concession, re that enquiry to DET. d Excursions Fund and will ess I withdraw it by contact for the Camps, Sports and may not be eligible for the sed to the Victorian Departices or confirming eligibitiat any errors be corrected,	disclose to DET ting the school. d e Camps, Sports ar artment of Health ar lity for assistance.





AMPS, SPORTS AND EXC	DRSIONS FUND (CSEF) A	APPLICATION F	ORM	
Armstrong Ceek	school			
School Name		Schoo	REFID	
Parent/legal guardian	details	ואומון		
Surname Abbo	H	H GO	300	
First name Melar	ne A	11/1/2	שני	
Address 203 To	cquay Ro	2)		
Town/suburb CYOU	redale	State V	Postcode	3216
Contact number 04	257027C)4		
Centrelink pensioner con-		card number (0	CRN)	
302-15	7 - 805 - [∨ or		
Foster parent* OR	Veterans affairs pen	sioner (Gold Ca	ard)**	
*Foster Parents must provide a copy **Applicants must provide a copy o		rom the Department o	of Health and Human Serv	rices (DHHS).
Student details				
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Abbott	Noah		0109/2013	200

Child's surname Child's first name Student ID Date of birth (dd/mm/yyyy) Year level

NOSH

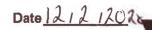
OI 09 2013 PRP

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

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SKLEFT the school



CAMPS, SPORTS AND EXCURSIONS FUND (CSEF) APPLICATION FORM

Armstrong Creek School Parent/legal guardian details Surname_Scot First name Address 25 Crus Postcode 321 Town/suburb +\ W State Contact number 040 Centrelink pensioner concession OR Health care card number (CRN) Foster parent* OR Veterans affairs pensioner *Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS). Student details Date of birth Child's surname Child's first name Student ID Year level (dd/mm/vvvv) Lilliams I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET. I understand that: . DHS will use information I have provided to DET to confirm my eligibility for the Camps, Sports and Excursions Fund and will disclose to DET personal information including my name, address, payment and concession card type and status. • this consent, once signed, remains valid while my child is enrolled at a registered Victorian school unless I withdraw it by contacting the school. · I can obtain proof of my circumstances/details from DHS and provide it to DET so that my eligibility for the Camps, Sports and Excursions Fund 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 Camps, Sports and Excursions Fund provided by DET. • information regarding my eligibility for the Camps, Sports and Excursions Fund may be disclosed to the Victorian Department of Health and Human Services and /or State Schools Relief for the purpose of evaluating concession card services or confirming eligibility for assistance. You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your child's school. Date_//_/ Signature of applicant



ARMSTRONG CREEK
School Name School REF ID
Parent/legal guardian details
Surname_WILLIAMS
First name_5USA ~
Address 42 CREEKWARD DRIVE
Town/suburb ARMSTRONG CREEK State VIC Postcode 3217
Contact number 0499 278 994
Centrelink pensioner concession OR Health care card number (CRN) 3 0 5 - 8 3 5 - 9 0 9 - T OR
Foster parent* OR Veterans affairs pensioner
*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS).

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
DALLY	JOSHUA		01/04/09	5

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

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Signature of applicant / William

Date 1212 120





Armstrong cr	eek mili	EREN		
School Name	13/10	12 1200) Schoo	REF ID	71
Parent/legal guardiar	details		C -	lui o
Surname_FISKE	(CARER)	NEWN	MAN DEPO	alan vtmestof
First name Shere		LISA	Health	dian rtment of .t. Wman S
Address 22 Koslov			·	
Town/suburb Armstro		State_	Vic Postcod	e3217
Contact number	•	5,6,1,5	, , , , ,	
Foster parent* OR	ncession OR Health care	OR nsioner	,	rvices (DHHS).
Child's surname	Child's first name	Student ID	Date of birth	Year level
Lawson	Zack		31/08/2007	6
Lawson	Kira		30/06/2009	5
customer details and concession car authorise the Australian Government Lunderstand that:	ation and Training (DET) to use Cen d status in order to enable the busin Department of Human Services (DHS)	ness to determine if I on the least to determine it I on the l	qualify for a concession, re of that enquiry to DET,	ebate or service. I also
	vided to DET to confirm my eligibility fo ame, address, payment and concession			II disclose to DE I
	valid while my child is enrolled at a regis			-
Excursions Fund can be determined	ces/details from DHS and provide it to d.	DE I so that my eligibilit	ly for the Camps, Sports ar	nd
 if I withdraw my consent or do no Excursions Fund provided by DET. 	ol alternatively provide proof of my ci	rcumstances/details, I	may not be eligible for th	e Camps, Sports and
	for the Camps, Sports and Excursion of Relief for the purpose of evaluating			
You are able to request access to the child's school.	personal information that we hold about	ut you, and to request th	hat any errors be corrected	l, by contacting your
Signature of applicant_	X -ED		Date	8,1,20



School Name	School REF ID
Parent/legal guardian details	G19/2/2011
Surname MALDEN	
First name Houry	
Address 5 TRINITY W	AY
Town/suburb ARM STRONG	CREEK State VIC Postcode 3716
Contact number 0410 617	731
Centrelink pensioner concession OR	Health care card number (CRN)
308-083-8	16 - B OR
Foster parent* OR Veterans	affairs pensioner
*Foster Parents must provide a copy of the temporary c	are order letter from the Department of Health and Human Services (DHHS).

Student details

Child's surname	Child's first name	StudentID	Date of birth (dd/mm/yyyy)	Year level
WALTER	DRAEQUIN		19.01.2010	5
MALDEN	AMITIEL		18072014	PREP

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

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- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Camps, Sports and Excursions Fund provided by DET.
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You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your Signature of applicant Holy Cull





Armotrong CALOOO2
School Name School REF ID
Parent/legal guardian details
Surname CALANDOR
First name_ NSA
Address 21 Surveyor Court
Town/suburb Whiting State Vic Postcode 3219
Contact number
Centrelink pensioner concession OR Health care card number (CRN) Graph
*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS).

Student details

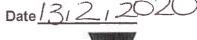
Child's surname	Child's first name	Student ID	Date of birth	Year level
CALLANDER	Bree		28/5/20	7
			1 1	200
				_

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service, I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

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School Name
Parent/legal guardian details
Surname LEWIS
First name SAMANTHA
Address 7 Rottness Drive
Town/suburb Armstrong Creek State VIC Postcode 3217
Contact number <u>6410 157 717</u>
Centrelink pensioner concession OR Health care card number (CRN) 3 © 2 - 854 - 265 - 4 OR
Foster parent* OR Veterans affairs pensioner (Gold Card)**
*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS). **Applicants must provide a copy of the Veteran Affairs Gold card

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
LEWIS-MORPHETT	AVA -MAE		28.8.14	PREP

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

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Signature of applicant Som hers Date 1412 120





School Name
Parent/legal guardian details
Surname Ny es
First name Corole
Address 11 Barleycan Bend.
Town/suburb Armstrung Creak State Mc Postcode 3217
Contact numberO428518 916
Centrelink pensioner concession OR Health care card number (CRN) 302 - 205 - 439 - M OR
Foster parent* OR Veterans affairs pensioner (Gold Card)**
*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS). **Applicants must provide a copy of the Veteran Affairs Gold card
Student details

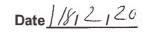
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Innes	Brooklyn		1/10/09	5

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

I understand that:

- DHS will use information I have provided to DET to confirm my eligibility for the Camps, Sports and Excursions Fund and will disclose to DET
 personal information including my name, address, payment and concession card type and status.
- this consent, once signed, remains valid while my child is enrolled at a registered Victorian school unless I withdraw it by contacting the school.
- I can obtain proof of my circumstances/details from DHS and provide it to DET so that my eligibility for the Camps, Sports and Excursions Fund 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 Camps, Sports and Excursions Fund provided by DET.
- information regarding my eligibility for the Camps, Sports and Excursions Fund may be disclosed to the Victorian Department of Health and Human Services and /or State Schools Relief for the purpose of evaluating concession card services or confirming eligibility for assistance.

You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your child's school.







Armstrong Cree				
School Name		School REF ID		
Parent/legal guardian def Surname Gauntle First name Ton Address 10 Sove Town/suburb Mount Contact number Out Centrelink pensioner concess Town/suburb Town Foster parent* OR *Foster Parents must provide a copy of the	Evergn On Owneed T45865 sion OR Health care - United Telephones affairs per	OR nsioner	CRN)	
Child's surname Across Ferguson	Child's first name	Student ID	Date of birth (dd/mm/yyyy) 21 09 05	Year level
				Contabile
I authorise the Department of Education a customer details and concession card statu- authorise the Australian Government Departu	is in order to enable the busin	ness to determine if I qu	alify for a concession, reba	te or service. I also





Armstrong Creek	
School Name	School REF ID
Parent/legal guardian details	
Surname (AZALEVIC	
First name MicicA	
Address 8 Show ST	
Town/suburb Charlemont	State_ViC Postcode 32 17
Contact number 0404234185	
Centrelink pensioner concession OR Health care car 3 0 7 - 1 6 9 - 9 1 8 - 5	d number (CRN) OR
Foster parent* OR Veterans affairs pension	er
*Foster Parents must provide a copy of the temporary care order letter from the	ne Department of Health and Human Services (DHHS).
Student details	

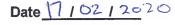
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
LAZARBUIC	MicicA		10/09/2013	GRA061
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				lana a

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (DHS) to provide the results of that enquiry to DET.

I understand that:

- . DHS will use information I have provided to DET to confirm my eligibility for the Camps, Sports and Excursions Fund and will disclose to DET personal information including my name, address, payment and concession card type and status.
- · this consent, once signed, remains valid while my child is enrolled at a registered Victorian school unless I withdraw it by contacting the school.
- I can obtain proof of my circumstances/details from DHS and provide it to DET so that my eligibility for the Camps, Sports and Excursions Fund 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 Camps, Sports and Excursions Fund provided by DET.
- information regarding my eligibility for the Camps, Sports and Excursions Fund may be disclosed to the Victorian Department of Health and Human Services and for State Schools Relief for the purpose of evaluating concession card services or confirming eligibility for assistance.

You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your







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AMPS, SPORTS AND EXCU	RSIONS FUND (CSEF)	APPLICATION F	ORM	
School Name		Schoo	REF ID	
Parent/legal guardian o	details			
Surname RUSSELL				
First name Kaylah				
	irence Blud			
Town/suburb A(MSt(O)	- "	State U	(Postcode	3217
11.60	28231.0	State_ <u>V</u>	rosicode	
Contact number Of O	(0///000			
Centrelink pensioner conc		. 7	(CRN)	
302 - 201	४। - 141431 - 1	V OR		
Foster parent* OR	Veterans affairs pen	sioner		
*Foster Parents must provide a copy of	of the temporary care order letter f	from the Department	of Health and Human Serv	rices (DHHS).
Student details				
			Date of bloth	
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level
Russell-omara	Laird		14/04/2014	Prep
			/ Los M.	
I authorise the Department of Educatic customer details and concession card authorise the Australian Government De	status in order to enable the busine	ess to determine if I o	ualify for a concession, reb	
I understand that:	and a DETA and an arrangement of the State o	alla Canana Canada an	d E	disalage to DET
 DHS will use information I have provide personal information including my name 				disclose to DE I
this consent, once signed, remains val				40 40 40400
 I can obtain proof of my circumstances Excursions Fund can be determined. 	/details from DHS and provide it to D	DET so that my eligibilit	y for the Camps, Sports and	1
 if I withdraw my consent or do not a Excursions Fund provided by DET. 	alternatively provide proof of my cli	rcumstances/details, 1	may not be eligible for the	Camps, Sports and
• information regarding my eligibility for Human Services and /or State Schools				
You are able to request access to the pe	ersonal information that we hold abou			
Signature of applicant	Bree Mall		Date_	12 120