## **Be Known at Nazareth**



## **Application for Tuition Fee Concession**

Parent/Legal Guardian Details				
(Please complete in full – <u>no</u> abbrev	iations)			
Surname:	First name:	Fee Account Number:		
Centrelink Concession Card Details:				
Family Health Care Card (Family	ly Card only not Child's Card)			
Pensioner Concession Card (Pi	<sup>o</sup> S only)			
Card Code:	Card No (CRN):	Date of Expiry (DD/MM/YYYY):		
Student Details				
Number of Siblings:				
Surname	First Name	Year Level		

### **Parent/Guardian Declaration**

#### I declare that:

- The card is in the name of the person responsible for fee payment;
- I will notify the school if my concession card status changes during the year.

#### I authorise:

- Nazareth College to use Centrelink confirmation eService to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veteran's Affairs customer details and concession card status to enable Nazareth College to determine if I qualify for an educational rebate or service.
- Services Australia (the agency) to provide the results of that enquiry to Nazareth College.

# NAZARETH COLLEGE

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#### I understand that:

- The agency will disclose personal information to Nazareth College including my name/payment type/payment status and concession card type and status to confirm my eligibility for the relevant educational concession.
- This consent, once signed, remains valid while I am a customer of Nazareth College unless I withdraw it by contacting Nazareth College or the agency.
- I can get proof of my circumstances/details from the agency and provide it to Nazareth College so my eligibility for the relevant educational concession 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 concession provided by Nazareth College.
- I need to provide a copy of my health care card with this application form.

Parent/Guardian's SIGNATURE:		Date (DD/MM/YYYY):				
	SIGN					
Office Use Only						
SCHOOL OFFICER MUST HAVE A COPY THE CLAIMANT'S CARD						
I have a copy of the claimant's card and confirm the details are correct						
Name of School Officer:		Signat	ure:			
Position Held:		Date (	DD/MM/Y			
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	T		F .	T		
Auth 1	Auth 2		Amount	CSEF		