

Application for Tuition Fee Concession

Parent/Legal Guardian Details

(Please complete in full – <u>no</u> abbreviations)

Surname:

First name:

Fee Account Number:

Centrelink Concession Card Details:

Family Health Care Card (Family Card only not Child's Card)

Pensioner Concession Card (PPS 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.



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):

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:

Signature:

Position Held:

Date (DD/MM/Y

Auth 1	Auth 2	Amount	CSEF
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