

Camps, Sports and Excursions Fund APPLICATION Form

Our Lady's School, CRAIGIEBURN

1807

School Name

School REF ID

Parent/legal guardian details

Surname _____

First name _____

Address _____

Town/suburb _____ State _____ Postcode _____

Contact number _____

Centrelink pensioner concession **OR** Health care card number (CRN)

- - - **OR**

Foster parent* **OR** Veterans affairs pensioner (Gold Card)**

*Foster Parents must provide a copy of the temporary care order letter from the Victorian Department of Families, Fairness and Housing (DFFH).
 **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 |
|-----------------|--------------------|------------|----------------------------|------------|
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I authorise the Victorian Department of Education (DE) to use Centrelink Confirmation eServices to perform an enquiry about my Centrelink customer details and concession card status to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Victorian Department of Families, Fairness and Housing (DFFH) to provide the results of any enquiry to DE regarding temporary care orders.

I understand that:

- DFFH or Centrelink will use information I have provided to DE to confirm my eligibility for the Camps, Sports and Excursions Fund and will disclose to DE 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 DFFH and provide it to my child's school 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 DE.
- Information regarding my eligibility for the Camps, Sports and Excursions Fund may be disclosed to DFFH and/or State Schools Relief for the purpose of evaluating concession card services or confirming eligibility for assistance.

You can 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 ____ / ____ / ____



School Fees Concession Program

For eligible families under the eligibility criteria

School: **Our Lady's Primary School**

Applicant details

Surname: _____ First name: _____

Address: _____

Children attending this school

| | Name | Age | Year level |
|---|------|-----|------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Please indicate which category you are applying under

| Criteria | Indicate if applicable |
|--|--------------------------|
| Aboriginal or Torres Strait Islander | <input type="checkbox"/> |
| Services Australia Health Care Card holder | <input type="checkbox"/> |
| Department of Veterans' Affairs Gold Card holder | <input type="checkbox"/> |
| Department of Home Affairs ImmiCard (proof of identity card) holder | <input type="checkbox"/> |
| Refugee, where the child has attended a school in Australia for less than five years | <input type="checkbox"/> |
| Experiencing genuine financial hardship | <input type="checkbox"/> |
| Other (please indicate): | <input type="checkbox"/> |

For Card holder categories:

Card type (please indicate where applicable)

Health Care Card Veterans' Affairs Gold Card ImmiCard

Card details for the relevant category

Card no.: _____ Card code: _____ Expiry date: _____

Please attach the following forms (unless already provided)

- Completed direct debit request (DDR) service agreement or copy of **Centrepay deduction authority** for payment of the concessional amount
- Completed Camps, Sports and Excursions Fund (CSEF) application form

Declaration

I declare that:

- I/my child is eligible for the School Fee Concession Program under the selected category
- the card I have applied under is in my name and I am the person responsible for the payment of school fees
- I will notify the school if my card status changes during the year
- I understand that I must submit a new application in the instance where a new CSEF application form has been completed.

Applicant signature: _____ Date: _____

Tel: 9308 2011

email: office@olps.vic.edu.au

Centrepay is a voluntary bill paying service, free for Centrelink customers, through which deductions can be made from a customer's payment directly to a business.

I _____ (name) Your CRN _____
authorise Services Australia to make a Deduction of \$ _____ each fortnight from
my _____ (Centrelink payment) and pay this amount to Our Lady's
Primary School CRN 555 136 084T for Education Expenses (EDF) from ____/____/2025.

Option 1 – Setting up a target amount

I request that this deduction of \$ _____ continue until the target amount of _____
(insert target amount) is reached.

- Note: if a Deduction has a target amount set, the final Deduction will increase by up to \$2 to cover any remaining amounts of less than \$2.

OR

Option 2 – Setting up an end date

I request that this deduction of \$ _____ continue until ____/____/____ is reached.

OR

Option 3 – Selecting neither option 1 nor option 2

I confirm that this deduction has no target amount and no end date.

Australian Privacy legislation protects your personal information. I give permission for Our Lady's Primary School CRN 555 136 084T to disclose my information to Services Australia for the purpose of checking my account number, billing number and amount I want to pay, and reconciling my payment Deduction details.

I understand that I can change or cancel my Deduction at any time, and further information about Centrepay can be found online at servicesaustralia.gov.au/centrepay.

Customer Signature: _____

Date of Birth: ____/____/____

Date: ____/____/____