



# 2025 CONCESSION CARD SCHOOL FEE DISCOUNT SCHEME

**SCHOOL NAME:** Liwara Catholic Primary School

**SCHOOL LOCATION:** 5 Tuart Road, Greenwood

## PARENT / LEGAL GUARDIAN DETAILS *(Please complete in full – no abbreviations)*

<b>SURNAME</b>	<b>FIRST NAME</b>
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## CENTRELINK CONCESSION CARD DETAILS

**Family Health Care Card** *(Family Card only not Child's Card)*
                         
  **Pensioner Concession Card**

**CARD NO (CRN):** \_\_\_\_\_ **DATE OF EXPIRY *(in full)*** \_\_\_\_\_

## DETAILS OF STUDENTS ATTENDING THIS SCHOOL

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 have **NOT CLAIMED** nor do I intend to claim Aboriginal Secondary Grants Scheme – ABSTUDY.
- The above students are **NOT** in receipt of any Bursary/Scholarship MORE THAN \$1,000.
- I will notify the school if my concession card status changes during the year.

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**PARENT/GUARDIAN'S SIGNATURE**

## SCHOOL OFFICER MUST SIGHT AND KEEP A COPY THE CLAIMANT'S CARD

**I HAVE SIGHTED AND COPIED THE CLAIMANT'S CARD AND CONFIRM THE DETAILS ARE CORRECT**

<b>NAME OF SCHOOL OFFICER</b>	<b>SIGNATURE</b>	<b>POSITION HELD</b>	<b>DATE</b>
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