



## 2026 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)*

SURNAME	FIRST NAME
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### CENTRELINK CONCESSION CARD DETAILS

<input type="checkbox"/> Family Health Care Card <small>(Family Card only not Child's Card)</small>	<input type="checkbox"/> Pensioner Concession Card
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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.

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**

NAME OF SCHOOL OFFICER

SIGNATURE

POSITION HELD

DATE