



School Fees Concession Program

Applicant's Details:

Surname

First Name

Address

Children attending this school:

Student name	Year Level	Date of birth
1.		
2.		
3.		
4.		

Centrelink Concession Card Details:

Health Care Card No. (CRN)

Expiry Date

Please attach the following forms (unless already provided):

- Completed EziDebit Agreement..
- CSEF Application Form
- Image of card

Applicant Declaration

I declare that:

- The card is in my name being the person responsible for fees
- I will notify the school if my Concession Card status changes during the year
- I understand that I must submit a new application each school year

Applicant's Signature:

Date: