



CONCESSION CARD DISCOUNT SCHEME 2026

SCHOOL NAME

Lumen Christi College _____

SCHOOL LOCATION

Martin _____

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

SURNAME

FIRST NAME

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 student/s 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 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