



INDIGENOUS DISCOUNT SCHEME
SANTA CLARA SCHOOL
2024

SCHOOL NAME

Santa Clara School

SCHOOL LOCATION

St James

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

SURNAME

FIRST NAME

DETAILS OF INDIGENOUS STUDENTS ATTENDING SANTA CLARA SCHOOL

SURNAME	FIRST NAME	YEAR LEVEL/CLASS

I/We currently have a Health Care/Pension Card with Centrelink.

I/WE DECLARE THAT

I/We confirm that the details listed on this form are true and correct.
I/We understand that this is a trial program.

PARENT/GUARDIAN'S SIGNATURE

SCHOOL OFFICER SIGNATURE

Discount Approved: YES NO

NAME OF SCHOOL OFFICER SIGNATURE POSITION HELD DATE