



**INDIGENOUS DISCOUNT SCHEME**  
SANTA CLARA SCHOOL  
**2022**



**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 have stated only children who are Aboriginal or Torres Strait Islander.

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**