



**SIBLING DISCOUNT PROGRAMME**  
 ST NORBERT COLLEGE and SANTA CLARA SCHOOL  
**2024**

**SCHOOL NAME**

Santa Clara School

**SCHOOL LOCATION**

St James

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

<b>SURNAME</b>	<b>FIRST NAME</b>
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**DETAILS OF STUDENTS ATTENDING ST NORBERT COLLEGE**

SURNAME	FIRST NAME	YEAR LEVEL/CLASS

**DETAILS OF 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 students attending both Santa Clara School and St Norbert College.
- I/We will notify Santa Clara School if there is no longer a sibling at St Norbert College.
- I/We understand that this information will be clarified with St Norbert College before the discount is applied.
- I/We understand that this is a trial program.

**PARENT/GUARDIAN'S SIGNATURE**

**SCHOOL OFFICER SIGNATURE**

Information has been confirmed by St Norbert College.	YES	NO
Discount Approved:	YES	NO

<b>NAME OF SCHOOL OFFICER</b>	<b>SIGNATURE</b>	<b>POSITION HELD</b>	<b>DATE</b>
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