



# INDIGENOUS DISCOUNT SCHEME

## SANTA CLARA SCHOOL

# 2026



**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

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

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**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