



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**

SURNAME	FIRST NAME	YEAR LEVEL/CLASS

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