



SIBLING DISCOUNT PROGRAMME

ST NORBERT COLLEGE and 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 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

NAME OF SCHOOL OFFICER

SIGNATURE

POSITION HELD

DATE