

IMPORTANT: IF YOU HAVE MORE THAN ONE CHILD IN THE ROCKHAMPTON CATHOLIC DIOCESE, PLEASE RETURN THIS FORM AS SOON AS POSSIBLE AS

YOU MAY BE ELIGIBLE FOR A DISCOUNT ON YOUR SCHOOL FEES

Note: A separate form should be submitted to each school at which more students attend



FAMILY DISCOUNT CLAIM FORM

SCHOOL: HOLY SPIRIT COLLEGE

CITY: MT PLEASANT, MACKAY

FAMILY NAME & INITIALS: _____

FAMILY ADDRESS: _____

STUDENTS AT HOLY SPIRIT COLLEGE:

STUDENT NAME:

YEAR LEVEL:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STUDENTS AT OTHER DIOCESAN SCHOOLS (for whom you are financially responsible): (including Emmanuel Catholic Primary School)

STUDENT NAME:

SCHOOL ATTENDED:

YEAR LEVEL:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNED: _____ DATE: _____

OFFICE USE ONLY

PARENT CODE _____
NO. STUDENTS THIS FAMILY _____
DISCOUNT PER CHILD _____
BUILDING FUND EXEMPT _____
PROCESSED _____
DATE _____