

Customer Consent Form

I (please print name here)

authorise:

- St Francis Xavier's College to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status to enable the business to determine if I qualify for a concession, rebate or service.
- St Francis Xavier's College to add/vary/cease a Centrepay Deduction via Centrelink Business Online Services.
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to St Francis Xavier's College.

I understand that:

- the department will disclose personal information to St Francis Xavier's College including my name/address/payment type/payment status and concession card type and status to confirm my eligibility for a school fee concession.
- this consent, once signed, remains valid while I am a customer of St Francis Xavier's College unless I withdraw it by contacting St Francis Xavier's College or the department.
- I can get proof of my circumstances/details from the department and provide it to St Francis Xavier's College so my eligibility for a school fee concession can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the school fee concession provided by St Francis Xavier's College.

Student Name	Year	Cardholder CRN #

Signed:

Date:

(Office Use: This Document Must Be Retained For A Period Of 3 Years After The Above Signed Date)

HEALTH CARE CARD / PENSION CARD CONCESSION APPLICATION

Health Care / Pension Card holders are eligible for a discount off the Diocesan Tuition Fee full rate. Together with the family discount if applicable, this discount will not exceed 50% of the Diocesan Tuition Fees on the school fee account. All information will be treated with the strictest confidence, only the Principal and/or School Finance Officer have access to this application. If you require assistance in completing this application or require further financial assistance, please contact the Principal.

An Application for Health Care / Pension Card discount is to be submitted to each school your child/ren attend.

A new application for HCC/Pension Card Concession must be made at the beginning of each year.

- 1 Applicant Details :** Applicant and the Cardholder must be in the same name as the person responsible for school fees. ***NB: Health Care Card issued in the student's name is not valid for this concession.***

Applicant's Name: _____

Address: _____

Postcode: _____

Student's Name:

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Year/Class:

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Student's Name:

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Year/Class:

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Student's Name:

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Year/Class:

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- 2 Concession Entitlement:** Which of the following concessions do you personally receive? Please tick and write your CRN number and expiry date.

☐

Health Care Card

CRN Number:

Exp Date:

OR

☐

Pensioner Card

CRN Number:

Exp Date:

3 Declaration

- I declare that to the best of my knowledge the information supplied in all parts of this application is correct and complete.
- **I enclose a copy of my Health Care / Pension Card (signature required on the HCC / Pension card).**
- I will notify the school office immediately if my circumstances change and I am no longer eligible a HCC/Pension cardholder.
- I understand the School requires a CCeS consent form to check my status with Centrelink.
- I understand that I am required to pay any other fees levied by the school, in full, unless I seek additional financial assistance with the Principal. I will advise the School if this assistance required.

Applicant's Signature: _____

Date: _____

Office Use	Tick	Family Discount Applied (%)	Eligible HCC/PCC Discount (%)
CCeS Consent Form checked by school:			