

**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 \_\_\_\_\_