



# Request for Concessional Fees - 2010

### Family Information

Name \_\_\_\_\_ Customer Code \_\_\_\_\_

Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Details of children

Name	Age	Studying with ACCS
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Australian Residents who **DO HAVE** a current Health Care or Pension Card fill in details below.

If you **DO NOT** have one please apply to Centrelink.

### DETAILS OF YOUR CURRENT HEALTHCARE OR PENSION CARD

Card Number		Expiry Date
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**Please supply a photocopy of your current Health Care or Pension Card with Registration.**

Those qualifying for financial assistance in 2010 will receive a reduction of 25% in Registration Fees.

**Please read and sign statement below.**

If my application is approved, I hereby commit myself to faithful payment of the these fees. Furthermore, I attest to the fact that all statements made on this Request For Concessional Fees are true. I also accept responsibility to inform ACCS if my income changes. Concessions on fees are for 2010. Should you have a need for a concession for the following year please apply by the end of October.

I understand that ACCS reserves the right to cancel concessional fees without notice.

Signature	Date
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OFFICE USE ONLY
CARD SIGHTED: _____
CARD CURRENT DATE: _____
Account No.: _____
Approved/Disapproved: _____
Authorisation: _____
Date: _____

Please return this form to:  
 Australian Christian College-Southlands  
 Locked Bag5, Albany WA 6330  
 Phone:(08) 9844 1621, Fax:(08) 9844 1629  
 Email: southlands@acc.edu.au