



Family Information

Name:		Customer Code:	
PO Box and/or Street:			
Town:	State:	Postcode:	
Telephone Home:	Work:	Mobile:	
Fax:	E-mail:		

Details of Children

Name of Child:	Age:	Studying with ACC- Southlands	
		<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"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Australian Residents who **DO HAVE** a current HealthCare Card please fill in the Card details below.

If you **DO NOT** have a current HealthCare Card please apply to Centrelink.

DETAILS OF YOUR CURRENT HEALTHCARE CARD OR PENSION CARD

Card Number:		Expiry Date:	
<input type="checkbox"/> I have attached a photocopy of my current HealthCare Card with my Registration. (Without an attached photocopy of your HealthCare Card, your request will not be processed.)			

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 ACC-Southlands 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 ACC-Southlands reserves the right to cancel concessional fees without notice.

Signature: _____

Date: ___/___/___

OFFICE USE ONLY

CARD SIGHTED: _____ CARD CURRENT DATE: _____ Account No.: _____
 Approved/Disapproved: _____ Authorisation: _____ Date: _____