



CATHOLIC EDUCATION

OFFICE OF WESTERN AUSTRALIA

2024 SIBLING DISCOUNT APPLICATION FORM FOR MATER DEI COLLEGE & ST LUKE'S CATHOLIC PRIMARY SCHOOL

PARENT / LEGAL GUARDIANS DETAILS (PLEASE COMPLETE IN FULL - NO ABBREVIATIONS)

SURNAME:

FIRST NAME:

DETAILS OF STUDENTS ATTENDING MATER DEI COLLEGE & ST LUKE'S CATHOLIC SCHOOL

Please list details of all students attending the above-mentioned schools (Oldest to youngest)

DETAILS OF STUDENTS ATTENDING MATER DEI COLLEGE & ST LUKE'S CATHOLIC PRIMARY SCHOOL

	SURNAME	FIRST NAME	SCHOOL	YEAR
1				
2				
3				
4				
5				
6				
7				

PARENT / LEGAL GUARDIAN DECLARATION

I hereby declare that the above information is accurate and complete to the best of my knowledge.

I understand that any false information provided may result in the denial of the sibling discount.

I understand that the discount is by application only and valid for the 2024 year.

PARENT SIGNATURE

DATE

For office use only

Eligible for sibling discount: YES / NO

Discount processed on AoS: YES/NO

Signature: _____

Date: _____



CATHOLIC EDUCATION

OFFICE OF WESTERN AUSTRALIA