



SIBLING INFORMATION FOR DIOCESAN TUITION FEES (___ School Year)

PARENT / CARER DETAILS:

Title	Family Name	Given Names

CHILDREN'S RESIDENTIAL ADDRESS:

Postcode:

TELEPHONE CONTACT NUMBERS OF PARENTS / CARERS:

Home:	Work:	Mobile:
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EMAIL ADDRESS OF PARENTS / CARERS:

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BILLING NAME AND ADDRESS FOR ACCOUNTS:

Postcode:

DETAILS OF SIBLING CHILDREN ATTENDING CATHOLIC SYSTEM SCHOOLS IN _____

- LIST SIBLINGS IN DESCENDING AGE ORDER – i.e. oldest first

Student Name	SID	Date of Birth	School Attending [Name & Suburb]	Year e.g. 12, 6, K

Please only include children in Catholic diocesan system schools and St Dominic's Penrith. Diocesan sibling discounts do not extend to children in State schools or in other Congregational schools such as OLMC Parramatta, Oakhill College, St Gabriel's and Our Lady of Lebanon Harris Park. Please check our website for a list of qualifying schools: <http://www.parra.catholic.edu.au/school-fees>

I confirm the above details are true and correct as at the date of this advice.

Signature: ✕ _____ Print Name: _____ Date: / /
[Parent / Carer]

Please complete this form in full, sign the form, and post it to the address below:
Return Address: Financial and Administrative Services – Billing & Receiving Team
Catholic Education Office, Diocese of Parramatta
Locked Bag 4
North Parramatta NSW 1750

CEO Use Only
Entered by: (Initials)
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