



ST JOHN'S COLLEGE

2020 APPLICATION FOR SIBLING DISCOUNT

ONLY COMPLETE IF YOU HAVE SIBLINGS AT A CATHOLIC SCHOOL THAT IS NOT ST JOHN'S COLLEGE.

ACCOUNT NAME: _____ ACCOUNT NUMBER (IF KNOWN): _____

ADDRESS: _____ PHONE: _____

DETAILS OF STUDENT/S AT **ST JOHN'S COLLEGE**:

STUDENT SURNAME	CHRISTIAN NAME/S	YEAR LEVEL

DETAILS OF STUDENT/S AT **OTHER** SUNSHINE COAST CATHOLIC SCHOOL (IE. ST JOSEPH'S PRIMARY SCHOOL):

STUDENT SURNAME	CHRISTIAN NAME/S	YEAR LEVEL	CURRENT SCHOOL

I CONFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

SIGNATURE OF PARENT/GUARDIAN _____

PLEASE RETURN ASAP FOR DISCOUNT TO BE APPLIED FOR TERM 1, 2020 SCHOOL FEES.

OFFICE USE ONLY

ACCOUNT NO: _____ ENTERED BY: _____ DATE RECEIVED: _____