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St Patrick's Primary School

Sibling Discount Form 2017

Complete this form **ONLY** if you have children who also attend the College and therefore would like to receive the applicable family discount on your school fees.

Student/s Full Name/s attending St Patrick's **Primary**:

_____	_____
_____	_____
_____	_____

Sibling/s Name/s and Year Level at St Patrick's **College**:

Date/...../.....

Parent/Guardian Signature

Office Use: _____% \$ _____ / yr Ref: 167000 _____
Approved: _____ Date: _____