St Patrick’s Primary School

Sibling Discount Form 2015

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

Approved: ___________________  Date: ______