St Patrick’s Primary School

Sibling Discount Form 2016

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: _______