# SIBLING DISCOUNT PROGRAMME

ST NORBERT COLLEGE and ST EMILIE'S

**2026**

ST. EMILIE'S CATHOLIC PRIMARY SCHOOL

*Growing in Grace*

AD OMNIA PARATUS

**SCHOOL NAME**

St Emilie's

**SCHOOL LOCATION**

Canning Vale

## PARENT/LEGAL GUARDIAN DETAILS *(Please complete in full – no abbreviations)*

| SURNAME | FIRST NAME |
|---|---|
| | |

## DETAILS OF STUDENTS ATTENDING ST NORBERT COLLEGE

| SURNAME | FIRST NAME | YEAR LEVEL/CLASS |
|---|---|---|
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| | | |
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## DETAILS OF STUDENTS ATTENDING ST EMILIE'S SCHOOL

| SURNAME | FIRST NAME | YEAR LEVEL/CLASS |
|---|---|---|
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I/We currently have a Centrelink Health Care Card/Pensioner Concession Card. (Tick box if applicable) ☐

I/WE DECLARE THAT

I/We have students attending both St Emilie's and St Norbert College.

I/We will notify St Emilie's if there is no longer a sibling at St Norbert College.

I/We understand that this information will be confirmed with St Norbert College before the discount is applied.

I/We understand the Sibling Discount Application is for 2026.

**PARENT/GUARDIAN'S SIGNATURE**

## SCHOOL OFFICER SIGNATURE

Information has been confirmed by St Norbert College. YES NO

Discount Approved: YES NO

| NAME OF SCHOOL OFFICER | SIGNATURE | POSITION HELD | DATE |
|---|---|---|---|