

St John's College, Nambour

2025 Sibling Discount Application

ONLY COMPLETE IF YOU HA' COLLEGE.	VE SIBLINGS AT A CATHOLIC	SCHOOL THA	r is <u>not</u> st John's
ACCOUNT NAME:			
ACCOUNT NUMBER (IF KNO	WN):		
DETAILS OF STUDENT/S AT S	ST JOHN'S COLLEGE:		
STUDENT SURNAME	CHRISTIAN NAME/S	YEAR LEVEL	
DETAILS OF STUDENT/S AT C PRIMARY SCHOOL):	OTHER SUNSHINE COAST CA	THOLIC SCHOO	DL (IE. ST JOSEPH'S
STUDENT SURNAME	CHRISTIAN NAME/S	YEAR LEVEL	CURRENT SCHOOL
I CONFIRM THAT THE ABOVI	E INFORMATION IS TRUE AN	ID CORRECT	
SIGNATURE OF PARENT/GU/	ARDIAN		
PLEASE RETURN ASAP FOR I	DISCOUNT TO BE APPLIED FO	OR TERM 1, 20	25 SCHOOL FEES.
OFFICE USE ONLY			