



# Sibling Discount Request Form

## 2021

FAMILY DETAILS			
Parent/Guardian Last Name:		First Name:	
Mobile Number:		Email Address:	
Address:			
STUDENT(S) ATTENDING CHRIST THE KING SCHOOL IN 2021			
FIRST NAME	LAST NAME	YEAR LEVEL 2021	
SIBLING(S) ATTENDING OTHER SA CATHOLIC SCHOOLS IN 2021			
FIRST NAME	LAST NAME	YEAR LEVEL 2021	SCHOOL ATTENDING

PARENT/GUARDIAN (PRINT) .....

SIGNATURE.....

DATE.....

Office Use Only
Family ID:
Date Actioned: