



Sibling Discount Request Form

2022

FAMILY DETAILS			
Parent/Guardian Last Name:		First Name:	
Mobile Number:		Email Address:	
Address:			
STUDENT(S) ATTENDING CHRIST THE KING SCHOOL IN 2022			
FIRST NAME	LAST NAME	YEAR LEVEL 2022	
SIBLING(S) ATTENDING OTHER SA CATHOLIC SCHOOLS IN 2022			
FIRST NAME	LAST NAME	YEAR LEVEL 2022	SCHOOL ATTENDING

PARENT/GUARDIAN (PRINT)

SIGNATURE.....

DATE.....

Office Use Only
Family ID:
Date Actioned: