



THE CATHEDRAL COLLEGE - BOARDING MEDICARE/PRIVATE MEDICAL COVER

Due to constant changes and parent/care giver movement, we would like **ALL** parents/care givers to complete an updated information sheet and return it to the Boarding Duty Office as soon as possible. We would request also that parents/care givers obtain a Medicare card specifically for your boarding son/daughter and hand it into the relevant Boarding House for safe storage.

Please complete and return to The Cathedral College Boarding Duty Office.

Fax: 07 4921 4171

Mail: PO Box 8211 Allenstown 4700 **OR** **Email:** cynthia.drane@tccr.com.au /
res.leave@tccr.com.au

Parent/Care Giver Name: _____

Student Name: _____

Medicare Card No: _____

Student Reference No: _____

Expiry Date: _____

Private Medical Cover: _____

Parent/Care Giver email address: _____

Home Phone No: _____

Mobile Phone No: _____

Fax No: _____

Emergency Contact Person: _____

Phone: _____

Signature (Parent/Care Giver) _____

Date: _____