

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.

Please complete the following and return to The Cathedral College Boarding Office either via mail or email. Details listed below.

Mail: PO Box 8211, Allenstown Q 4700

Email: res.leave@tccr.com.au

Student Name:

Medicare Card No:

Student Ref No:

Expiry:

Private Medical Cover:

PARENT/CARE GIVER DETAILS

Name:

Email:

Home Phone:

Mobile:

Work:

Emergency Contact Person:

Relationship:

Contact Number:

Parent/Care Giver Signature:

Date: