



APPLICATION FOR STUDENT ASSISTANCE

1. Student Information (Please complete a separate form for each student)

Family Name: Other Names:
 Date of Birth: School Year:

2. Parent/Carer Information

Family Name: First Name:
 Address:
 Phone: Mobile No.:

3. List all your other current dependent children

At This High School:			At Primary School or home:	
Name	Age	School Year	Name	Age
.....
.....
.....
.....

4. Income Information

	Father/Carer	Mother/Carer
Do you have a permanent job/perm part time job?	Yes / No	Yes / No
Do you receive a Centrelink Benefit? (please provide evidence)	Yes / No	Yes / No
Do you have a health care card? (please provide evidence)	Yes / No	Yes / No

5. Other reason for application:

6. What Assistance do you need?

Subject	Amount Required	Subject	Amount Required
.....	\$.....	\$.....
.....	\$.....	\$.....

Declaration

I declare that the above information is true and correct and that I am responsible for the support and care of the student for whom assistance is requested in this form.

Signed Parent/Carer: Relationship to Student: Date:

Approved Amount \$..... Not Approved Comment: Signed: