

**STUDENT ASSISTANCE SCHEME-Request for Assistance**

 Please complete this form as accurately as possible – one student per form

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| **STUDENT DETAILS** |  |
| Name:Year Group:   | Address: |
|

|  |  |
| --- | --- |
| FAMILY DETAILS |  |

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| Parent/Carer: | Phone Contact: |

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| **PERSONAL FINANCIAL INFORMATION** |
| **Do you/your student receive any of the following (please tick)** |
| * Pension
 | * Allowance for Isolated Children
 |
| * Benefit
 | * Family Allowance
 |
| * Abstudy
 | * Wage/Salary
 |

|  |  |
| --- | --- |
| **SUPPORT INFORMATION** |  |
| Any further information to support this request: |

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| **CONTRIBUTION** |
| Contribution you can make to school costs: $ Would you be able to pay off the assistance requested? Yes No |

ASSISTANCE REQUESTED

|  |  |  |
| --- | --- | --- |
| **DETAILS OF REQUEST** | **COST OF** **ITEMS** | **AMOUNT REQUESTED** |
| Elective fees |  Subject/s: | $$$$ | $$$$ |
| Uniformitems |  | $$$ | $$$ |
| Excursion Other (eg sports representation) |  | $$$ | $$$ |
| **TOTAL** | $ | $ |

**NB: A maximum of 1/3 of mandatory curriculum excursion and costs is able to be provided. For further funding a referral to the Learning and Support Team is required.**

1. **Assistance cannot be provided towards the School contribution.**

**Exemption from payment of this can be provided.**

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| **DECLARATION: I declare to the best of my knowledge that the information I have given is true and correct.****Date:** **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian)*****Please return in a sealed envelope addressed to The Principal,******Southern Cross Public School, 2-40 Chickiba Drive, East Ballina 2478*** |

|  |  |  |  |
| --- | --- | --- | --- |
| Principal’s Use Only | Amount requested | Amount Approved | Balance Owing by Parent |
| $ | $ | $ |