

**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 |  | | | |
| 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: | $  $  $  $ | $  $  $  $ |
| Uniform  items |  | $  $  $ | $  $  $ |
| 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 |
| $ | $ | $ |