



Student Assistance Scheme Application Form

Disbursement of Funds

1. Families needing Financial support are required to complete this form and attached all supporting documentation for application to be reviewed for assessment.
2. Forms should be returned to the Principal in an envelope marked 'Confidential'.
3. A committee comprising the Principal, a community member and 2 other representatives will meet to distribute the funds according to needs as set out in the applications.
4. The identity of applications will be kept strictly confidential.
5. Successful applicants will be notified in writing, adjustments to the child's account will be processed and a revised statement issued.
6. Unsuccessful applicants will be informed accordingly.
7. School Contributions are not funded under this program.
8. All application forms together with the precise details of the Committee's decisions will be retained for the Department of Education auditors.

FAMILY DETAILS

Student's Name: _____ Roll Class: _____
Given Name Surname

Home Address: _____
_____ Postcode: _____

Parent/Guardian: _____
Given Name Surname Phone Number

DETAILS OF SUPPORT REQUESTED

Item	Amount Requested	Amount Approved
School Uniform		
Subject Costs including workbooks		
School Camp		
School Excursion		
TOTAL		

PARENT/GUARDIAN DECLARATION

I declare that, to the best of my knowledge and belief, all the information in the following "SUPPORTING INFORMATION" section is true and correct.

Signature

Date

