



## Student Assistance Scheme – Request for Assistance

Please complete this form as accurately as possible.

| FAMILY DETAILS      |                 |       |
|---------------------|-----------------|-------|
| Parent / Carer Name |                 |       |
| Address:            | Contact Number: |       |
| STUDENT DETAILS     |                 |       |
| Family Name:        | First Name:     | Year: |
| Family Name:        | First Name:     | Year: |
| Family Name:        | First Name:     | Year: |
| Family Name:        | First Name:     | Year: |

| TO HELP WITH YOUR CALCULATION OF ASSISTANCE WITH SUBJECT FEES<br>PLEASE COMPLETE THE REVERSE OF THIS FORM |     |                    |
|---|-----|--------------------|
| Contribution you can make to school costs:  | \$  | _____              |
| Would you be able to pay off the assistance requested?  | YES | NO (please circle) |

| FINANCIAL POSITION  |                              |                             |                           |
|---|------------------------------|-----------------------------|---------------------------|
| Weekly Income: Do you/your student receive any of the following? (please tick & identify income per week) |                              |                             |                           |
| Benefit   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: \$ _____ Per Week |
| Abstudy   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: \$ _____ Per Week |
| Family Allowance  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: \$ _____ Per Week |
| Wage/Salary   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Amount: \$ _____ Per Week |

**ASSISTANCE REQUESTED**

| DETAILS OF REQUEST     | Total    | Amount Requested | Approved Amount        |
|------------------------|----------|------------------|------------------------|
| <b>Elective Fees</b>   |          |                  | <b>Office use only</b> |
| Subject: .....         | \$ ..... | \$ .....         | \$ .....               |
| Subject: .....         | \$ ..... | \$ .....         | \$ .....               |
| Subject: .....         | \$ ..... | \$ .....         | \$ .....               |
| Subject: .....         | \$ ..... | \$ .....         | \$ .....               |
| <b>Uniform Items</b>   |          |                  |                        |
| .....                  | \$ ..... | \$ .....         | \$ .....               |
| .....                  | \$ ..... | \$ .....         | \$ .....               |
| .....                  | \$ ..... | \$ .....         | \$ .....               |
| <b>Excursion</b>       |          |                  |                        |
| .....                  | \$ ..... | \$ .....         | \$ .....               |
| .....                  | \$ ..... | \$ .....         | \$ .....               |
| <b>Other</b>           |          |                  |                        |
| .....                  | \$ ..... | \$ .....         | \$ .....               |
| <b>Total Approved:</b> |          |                  | <b>\$</b>              |

Signed by Deputy: .....

**Please note the following:**

- In general, a maximum of 1/3 of excursion costs is able to be provided.**
- Assistance cannot be provided towards the School contribution fees, however exemption from payment of this can be provided.**

**Declaration:**

**I declare to the best of my knowledge that the information I have given is true and correct.**

**Date:**

.....

**Signed  
(Parent/Guardian):**

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**Please return in a sealed envelope addressed to:**

The Deputy Principal  
Ballina Coast High School  
57 Cherry Street, Ballina NSW 2478