



STUDENT ASSISTANCE SCHEME - Request for Assistance

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

STUDENT DETAILS		FAMILY DETAILS	
Name:		Full Name:	
Address:		Phone Contact:	
		No. of children at home:	
Year:		Please complete statement over page:	

TO HELP WITH YOUR CALCULATION OF ASSISTANCE WITH SUBJECT FEES PLEASE COMPLETE REVERSE OF FORM

Contribution you can make to school costs: \$

Would you be able to pay off the assistance requested? Yes..... No

PERSONAL FINANCIAL POSITION:

Do you/your student receive any of the following (please tick and identify income per week):

Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$	Per Week
Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$	Per Week
Austudy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$	Per Week
Abstudy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: \$	Per Week
Allowance for Isolated Children	<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
Please identify regular payments made:	<input type="checkbox"/> Rent	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Board	Amount: \$ Per Week
Living expenses:	<input type="checkbox"/>	<input type="checkbox"/>		Amount: \$ Per Week
Other major expenditure:	(Description)			Amount: \$ Per Week

ASSISTANCE REQUESTED

DETAILS OF REQUEST		COST OF ITEMS	AMOUNT REQUESTED
Elective fees Subject	\$	\$
 Subject	\$	\$
 Subject	\$	\$
 Subject	\$	\$
Uniform items	\$	\$
	\$	\$
	\$	\$
Excursion / Other (eg sports representation)	\$	\$
	\$	\$
	\$	\$
TOTAL		\$	\$

Deputy Principal's Use Only	Amount requested	Amount Approved	Balance Owing by Parent
	\$	\$	\$

NB:

- 1. In general a maximum of 1/3 of excursion costs is able to be provided.**
- 2. Assistance cannot be provided towards the School contribution, 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)

Please return in a sealed envelope addressed to The Deputy Principal, Southern Cross Public School, 2-40 Chickiba Drive, East Ballina 2478