



WARNERS BAY HIGH SCHOOL



QUALITY EDUCATION FOR ALL

CONFIDENTIAL

YEARS 7-10 STUDENT ASSISTANCE SCHEME APPLICATION FORM

Student's Name: _____ **Roll Class:** _____

Address _____

Telephone No: _____

Parent's Name: _____

Current Total Family Weekly Income \$ _____

Type of Government Benefit Received (if applicable) _____

Government Pension Number (if applicable) _____

Itemised List of Fees/Uniforms Requested	Cost

Reason For Request (attach extra pages if needed)

I agree to provide the school office with receipts for goods purchased and I understand that failure to provide these receipts may disqualify me from assistance in the future.

Signed _____ **Date** _____

RETURN THIS TO THE SCHOOL OFFICE

PRINCIPAL'S APPROVAL: I approve payment of this request to the amounts shown above

Marcus Neale (Principal) _____ **Date** _____