

**WOONONA HIGH SCHOOL
STUDENT ASSISTANCE SCHEME
APPLICATION 2016**

NAME OF STUDENT(S)	AGE & DATE OF BIRTH	ROLL CLASS

Number of dependent children 16 and over - _____

Number of dependent children under 16 - _____

Complete the following where applicable:

Social Security Number: _____

Family Allowance Supplement: Yes/No Amount: _____

Pharmaceutical Allowance Received : Yes/No

Health Benefit Card: Yes/No

Sickness Allowance: Yes/No

If parent/s working - weekly income of: Mother _____ Father _____

Austudy for older children: Yes/No Amount per week: _____

Assistance is requested for:

Signature (Parent/Guardian) _____

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Mr/Mrs/Ms _____

Your application for support from the Student Assistance Scheme for your child/children _____ has been approved / not been approved).

Those who have received approval please forward requests for funding with relevant receipts or invoices to the School OR in the case of payments to the school, please send a note outlining the nature of the proposed expenditure and the support requested to the Principal or to Mrs Childs (Office).

Ms Belinda Wall
Principal