Department of **Education**

GOVERNMENT OF WESTERN AUSTRALIA

# 2020 SECONDARY ASSISTANCE SCHEME YEARS 7 - 12

**$115 Clothing Allowance** - Paid to parent
**$235 Education Program Allowance** - Paid to school

**NG**

**APPLICATIONS CLOSE THURSDAY 9 April 2020**

- Valid to claim with Parent/Guardian card only.
- Student cannot claim with own card if living with parent(s).
- Not eligible if student born in 2001 or before.
- If living as an independent student, letter of proof from Centrelink must be provided.
- Please complete form neatly and in **block** letters and retain a copy at the school.

## SCHOOL NAME *(Please use school stamp)*

## PARENT/GUARDIAN DETAILS

SURNAME/FAMILY NAME | FIRST NAME

STREET | SUBURB | POSTCODE

CONTACT PHONE No. | E-MAIL

## PARENT/GUARDIAN DEPARTMENT OF HUMAN SERVICES (CENTRELINK) CONCESSION CARD DETAILS

☐ **Centrelink Health Care Card (Family Card only NOT Student card)**

☐ **Centrelink Pensioner Concession Card**

☐ **Veterans' Affairs Pensioner Card (Blue card only – expires Dec 2020)**

**CARD No. (CRN OF PARENT/GUARDIAN):** *(as per Centrelink Card)* ☐☐☐☐☐☐☐☐☐-☐

**START DATE ON CARD:** ☐☐-☐☐-☐☐☐☐

**CARD EXPIRY Date:** (must fall on or after first day of Term One) ☐☐-☐☐-☐☐☐☐

## STUDENT DETAILS

☐ **INDEPENDENT STUDENT** *(Attach letter from Centrelink)*

**SURNAME/FAMILY NAME** | **FIRST NAME** | **DATE OF BIRTH** | **YEAR LEVEL**

## BANK ACCOUNT DETAILS OF PARENT/GUARDIAN *(Payments will only be made by EFT)*

**Name of Account Holder(s):** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**BSB Number:** *(6 digits)* ☐☐☐-☐☐☐ **Account Number:** *(up to 9 digits)* ☐☐☐☐☐☐☐☐☐

## PARENT/GUARDIAN DECLARATION

- I have **not** claimed nor do I intend to claim the ABSTUDY School Fees Allowance in 2020 for any of these children.
- I have **not** claimed this allowance for any of these children at another school in Western Australia in 2020.
- I authorise the Centrelink to verify my current benefit status and other pertinent details to gain this entitlement.

**I DECLARE THE ABOVE TO BE TRUE AND CORRECT AND AM AWARE THAT IT IS AN OFFENCE TO PROVIDE FALSE OR MISLEADING INFORMATION**

**PARENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____

## WITNESS DECLARATION *(Concession card and application must be sighted and witnessed at attending school by a School Officer)*

**I have sighted the claimant's card and confirm the details provided are correct and no other application has been submitted for students listed on this form.**

PRINT NAME OF WITNESS | WITNESS SIGNATURE | POSITION HELD | DATE

***If the form is completed and dated prior to the start of Term 1 complete the commencement confirmation below (tick box and enter current date).***

☐ I confirm that the above student(s) has/have commenced at this school in Term 1, 2020 DATE:_____