



Department of  
Education

## 2019 SECONDARY ASSISTANCE SCHEME YEARS 7 - 12

**\$115 Clothing Allowance** Paid to parent (or) school  
**\$235 Education Program Allowance** Paid to school

**G**

**APPLICATIONS CLOSE  
FRIDAY 12 APRIL 2019**

- 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 2000 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 including phone number if possible)

**SCHOOL CODE**

**NEWTON MOORE SENIOR HIGH SCHOOL**

**4040**

### 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 2019)

**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

**CLOTHING ALLOWANCE TO  
BE PAID TO (tick)**

☐ SCHOOL ☐ PARENT

☐ SCHOOL ☐ PARENT

☐ SCHOOL ☐ PARENT

**BANK ACCOUNT DETAILS OF PARENT/GUARDIAN** (Complete only if clothing allowance to be paid to parent)  
Payments will only be made by EFT - Please write clearly

**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 2019 for any of these children.
- I have **not** claimed this allowance for any of these children at another school in Western Australia in 2019.
- I authorise the Department of Human Services (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 Department Officer)

I have sighted the claimant's card and confirm the details provided are correct.

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, 2019 **DATE:** \_\_\_\_\_