

Department of **Education**

2023 ABSTUDY SUPPLEMENT ALLOWANCE YEARS 7 – 12

\$79 Education Program Allowance Paid to school



APPLICATIONS CLOSE THURSDAY 6 APRIL 2023

 Valid to claim with Parent/Guardian card only. Student cannot claim with own card if living with parents(s).

- To be eligible, parent/school must have received \$78 or \$156 ABSTUDY from Centrelink.
- Not eligible if student born in 2004 or before.
- If living as an independent student, letter of proof from Centrelink must be provided.
- Please retain a copy of the application form at the school.
- The Education Program Allowance (EPA) of \$79 for students in Years 7 to 10 will be paid to the school and will be applied towards the voluntary contribution. Any balance will be applied against charges or as negotiated with the parent/guardian. For students in Years 11 to 12 the EPA will be applied to cover charges in the first instance.

EFA will be applied to cover charges in the first instance.						
SCHOOL NAME (Please use school stamp)					SCH	OOL CODE
NEWTON MOORE SENIOR HIGH SCHOOL					4040	
PARENT/GUARDIAN DETAILS						
SURNAME/FAMILY NAME		FIRST NAME				
STREET ADDRESS (EG 15 Jones Road)		SUBURB			POST	CODE
CONTACT PHONE No.		E-MAIL				
PARENT/GUARDIAN SERVICES AUSTRALI	A (CENTRELIN	K) CONCESSION C	ARD DE	TAILS		
Centrelink Health Care Card (Family Card only NOT Student card)					ffairs Pensioner Card nly – expires Dec 2023)	
CARD No. (CRN OF PARENT/GUARDIAN): (as per Centrelink Card)						
START DATE ON CARD:	CARD EXPIRY Date:					
STUDENT DETAILS INDEPENDENT STUDENT (Attach letter from Centrelink)						
SURNAME/FAMILY NAME	FIRST NAME			DATE OF BI	RTH	YEAR LEVEL
PARENT/GUARDIAN DECLARATION						
I have not claimed nor do I intend to claim 2023 Secondary Assistance Scheme payment for any of these children.						
 I have not claimed this allowance for any of these children at another school in Western Australia in 2023. I authorise 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:DATE:DATE:DATE:						
I have sighted the claimant's card and confi	- ' '			ing scrioor by a	і Бераі	uneni Onicer)
That's digition the claimant o card and comm	in the detaile	•	7 100L OI	FFICER		
PRINT NAME OF WITNESS W	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 current date).						
☐I confirm that the above student(s) has/have commenced at this school in Term 1, 2023 DATE:						