

current date).

Department of Education

2024 SECONDARY ASSISTANCE SCHEME YEARS 7 - 12

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

APPLICATIONS CLOSE THURSDAY

28 MARCH 2024

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 2005 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) Bunbury Catholic College (code: 1029) **CONCESSION CARD PARENT/GUARDIAN INFORMATION** LAST NAME – as per concession card FIRST NAME - as per concession card STREET ADDRESS (EG: 15 Jones Road) SUBURB POSTCODE CONTACT PHONE No. E-MAIL CONCESSION CARD PARENT/GUARDIAN) DETAILS Centrelink Health Care Card Veterans' Affairs Pensioner Card Centrelink (Family Card only NOT Student card) **Pensioner Concession Card** (Blue card only - expires Dec 2024) CARD No. (CRN OF PARENT/GUARDIAN): (as per Centrelink Card) CARD CARD **EXPIRY DATE:** START DATE: STUDENT DETAILS (as listed on parent concession card) INDEPENDENT STUDENT (Attach letter from Centrelink) YFAR LAST NAME **FIRST NAME** DATE OF BIRTH **LEVEL** BANK ACCOUNT DETAILS OF PARENT/GUARDIAN (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 2024 for any of these children. I have **not** claimed this allowance for any of these children at another school in Western Australia in 2024. 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: If you are completing this form electronically and are unable to sign this form please check this box to confirm the above information is true and correct. If statements made in this application later prove to be false or misleading this application may be declined. Information supplied will be checked by the school. 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

I confirm that the above student(s) has/have commenced at this school in Term 1, 2024 DATE: