

**GRAFTON HIGH SCHOOL
STUDENT ASSISTANCE SCHEME**

APPLICATION FORM

(All details on this form will remain strictly confidential)

NOTE: Students turning 16 this year are not eligible for SAS, they need to apply for Youth Allowance through Centrelink

STUDENTS SURNAME: _____

GIVEN NAMES: _____

YEAR: _____ **D.O.B.** ____ / ____ / ____

NAME OF PARENT'S / GUARDIAN: _____

ADDRESS: _____

CONTACT PHONE NO: Home: _____ Mobile: _____

TOTAL NUMBER OF DEPENDENT CHILDREN:	NAME:	D.O.B	NAME:	D.O.B.
	_____	_____	_____	_____
	_____	_____	_____	_____

GROSS WEEKLY HOUSEHOLD INCOME: \$ _____ per week

(Including: Wages, Family Allowance, Centrelink)

SPECIAL CIRCUMSTANCES TO SUPPORT YOUR APPLICATION: _____

List the items/activities/subject levies that you require assistance for, and the approximate cost of each item:

SUBJECTS	COST	ASSORTED ITEMS(Uniforms etc)	COST

SIGNED: _____ **DATE:** ____ / ____ / ____

(Parent / Guardian)

Office Use Only: \$ _____ Notes: _____

Approved by: _____