



**GRAFTON HIGH SCHOOL
ABSTUDY APPLICATION**

STUDENTS SURNAME: _____

GIVEN NAMES: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE NO: _____

Abstudy is available through Grafton High School based on funding received from Centrelink for your child.

Subject levies/uniforms/activities that you require assistance for

SUBJECT LEVIES	COST	OTHER	COST

PARENT/GUARDIAN

SIGNATURE: _____

DATE: _____

Principal

Office use only

Entitlement: \$ _____ **Funds remaining:** \$ _____

Approval by: _____ **Date:** _____