Kincumber Public School recognises that from time to time it may be difficult for families to meet some costs associated with schooling. Some school funds are set aside each year to assist parents to meet these costs. These funds are limited, so it is possible that some requests may only be partly met or not at all. In general, parents/carers can expect that assistance will be provided only as a contribution towards the total cost of any request.

To assist your application for Student Assistance, please provide the following details:

Applicant’s Name: _____________________ Daytime contact phone no: _________

Student/s name/s: _____________________ Class: ______________

___________________________________ Class: ______________

___________________________________ Class: ______________

1. Number of people in your household and their ages:
   ______________________________________________________________________

2. Members of your household who are working:
   ______________________________________________________________________

3. Are there any special circumstances the committee should consider?
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
Type of assistance required:

Workbooks: (Please provide details)

___________________________________________________________________

___________________________________________________________________

Excursion: (Please provide details)

___________________________________________________________________

___________________________________________________________________

Uniform: (Please provide details)

___________________________________________________________________

___________________________________________________________________

OFFICE USE ONLY

COMMENT: _______________________________________________________________________________________

___________________________________________________________________

AMOUNT APPROVED: $ _____________ SIGNED: _____________ DATE: _______
STUDENT ASSISTANCE PAYMENT AGREEMENT

I agree to pay $……………… towards the cost of my child’s / children’s:

#…………………………………………………………………………………….
#…………………………………………………………………………………….
#…………………………………………………………………………………….

This will be paid in full or by weekly / fortnightly payments of $ ………….. until the full amount has been paid.

The Student Assistance Scheme will pay the balance of $ …………………

Total cost: $ …………………

Child’s name:  ………………………………… Class: ………

Child’s name:  ………………………………… Class: ………

Child’s name:  ………………………………… Class: ………

Parent / Guardian’s name:  ……………………………………….

……………………………………………………………………….. …………………….
Signature                                                                            Date

Principal’s Signature:  ……………………………………………