



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

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**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 retain a copy of the application form at the school
- The Education Program Allowance (EPA) of \$235 for students will be paid to the school and will be applied towards education program charges in the first instance.

SCHOOL NAME (Please use school stamp including phone number if possible)	SCHOOL CODE
Governor Stirling Senior High School 25 Third Avenue Woodbridge WA 6056	4020

## LAST NAME – as per concession card

FIRST NAME – as per concessin card

STREET ADDRESS (EG: 15 Jones Road)

SUBURB

POSTCODE

CONTACT PHONE No. \_\_\_\_\_

F-MAIL

☐ **Centrelink Health Care Card**  
(Family Card only NOT Student card)

 **Centrelink  
Pensioner Concession Card**

 **Veterans' Affairs Pensioner Card**  
(Blue card only – expires Dec 2024)

**CARD No. (CRN OF PARENT/GUARDIAN):**  
(as per Centrelink Card)

□ □ □ □ □ □ □ □ - □

CARD  
START DATE:

□ □ - □ □ - □ □ □ □

**CARD  
EXPIRY DATE:**

□ □ - □ □ - □ □ □ □

## STUDENT DETAILS (as listed on applicant concession card)

**INDEPENDENT STUDENT** (Attach letter from Centrelink)

LAST NAME	FIRST NAME	DATE OF BIRTH	YEAR LEVEL	CLOTHING ALLOWANCE TO BE PAID TO (select)
				<input type="radio"/> SCHOOL <input type="radio"/> PARENT
				<input type="radio"/> SCHOOL <input type="radio"/> PARENT
				<input type="radio"/> SCHOOL <input type="radio"/> PARENT

**BANK ACCOUNT DETAILS OF PARENT/GUARDIAN (Complete only if clothing allowance to be paid to parent)**  
*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) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

☐ 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 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 the application later prove to be false or misleading this application may be declined. Information supplied will be checked by the school.

**WITNESS DECLARATION (to be completed by the school)**

(Concession card and application must be sighted and witnessed at attending school by a Department Officer)

I have sighted the claimant's card and confirm the details provided are correct.

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 current date).**

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