



APPLICATIONS CLOSE

FRIDAY 11 APRIL 2025

- 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 2006 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: Governor Stirling Senior High School
25 Third Avenue
Woodbridge WA 6056
SCHOOL CODE: 4020

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 (Family Card only NOT Student card)
Centrelink Pensioner Concession Card
Veterans' Affairs Pensioner Card (Blue card only - expires Dec 2025)
CARD No. (CRN OF PARENT/GUARDIAN):
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)
SCHOOL
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)

PARENT/GUARDIAN DECLARATION
I have not claimed this allowance for any of these children at another school in Western Australia in 2025.
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.

SCHOOL WITNESS DECLARATION
(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, 2025 DATE: