



CONFIDENTIAL

Drummoine Public School Student Assistance Fund APPLICATION FOR STUDENT SUPPORT

1 PERSONAL DETAILS (Please print in Section 1)

STUDENT'S NAME CLASS
Surname Given Name(s)

HOME ADDRESS PHONE

PARENT/ CAREGIVER
Surname (Given Name(s))

2 DESCRIPTION OF SUPPORT REQUESTED

eg: excursion, sport program, school requirements etc.

COST \$

3 YOUR REASON(S) FOR REQUESTING SUPPORT

.....
.....
.....
Parent/Caregiver Signature

(OFFICE USE ONLY)

REQUEST APPROVED

School contribution: \$.....

Parent/caregiver contribution: \$..... (if applicable) TOTAL: \$.....

Comments

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.....

Signed (Principal) Date

Principal's letter given to parent together with permission envelope

Teacher advised

Processed by: Date
(name)