GENERAL INFORMATION

The Western Australian Department of Education provides an allowance to assist eligible families with secondary schooling costs. The ABSTUDY Supplement Allowance is available to valid Department of Human Services (Centrelink) card holders, this funding supplements the Department of Human Services (Centrelink) ABSTUDY Fees Allowance payment.

To be eligible for the supplement allowance, the parent/guardian must hold a Department of Human Services (Centrelink) or Veterans' Affairs card that represents a statement of income for the family.

Furthermore, the school or parent must have received the School Fee Allowance of $78 or $156 from the Department of Human Services (Centrelink) as part of the student's ABSTUDY School Fees Allowance.

The Department of Education ABSTUDY Supplement Allowance consists of $79 paid directly to the school.

The allowance is paid up to and including the year the student turns 18 years of age, i.e. students born in 1996 or before are ineligible in 2015.

APPLICATION FORMS

Application forms should not be altered and are to be completed at the school during Term 1 only. If the form is completed prior to the commencement of Term 1 the school must complete the enrolment confirmation section to confirm attendance. (Forms dated by the school prior to Term 1, 2015 will not be accepted).

APPLICATIONS close Thursday 2 April 2015.

LATE APPLICATIONS

Late applications will only be accepted in extenuating circumstances and must be accompanied with a written explanation.

Eligible interstate or overseas students who are enrolled after first term may apply for the allowance. Date of enrolment must be noted on the application.

PROCESSING OF PAYMENTS

Once the form is completed by the parent/guardian, the school will forward the original forms to the Schools Resourcing and Support Directorate for processing.

Payment of the ABSTUDY Supplement Allowance is made directly to the school and should be deducted from your school account.

POST TO

Schools Resourcing and Support Directorate
Department of Education
151 Royal Street
EAST PERTH WA 6004

FURTHER INFORMATION

Telephone: (08) 9264 4516
Facsimile: (08) 9264 5162
E-mail: student.allowances@education.wa.edu.au
2015 ABSTUDY SUPPLEMENT ALLOWANCE  
YEARS 7 – 12

$79 Education Program Allowance  
Paid to school

- Valid to claim with Parent/Guardian card only.
- To be eligible, parent/school must have received $78 or $156 ABSTUDY from Centrelink.
- Not eligible if student born in 1996 or before.
- If living as an independent student, letter of proof from Centrelink must be provided.
- Please complete form in block letters.

## SCHOOL NAME  
(Please use school stamp) | SCHOOL CODE

## PARENT/GUARDIAN DETAILS

<table>
<thead>
<tr>
<th>SURNAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET</td>
<td>SUBURB</td>
</tr>
<tr>
<td>POSTCODE</td>
<td></td>
</tr>
</tbody>
</table>

| CONTACT PHONE No. | E-MAIL |

## PARENT/GUARDIAN DEPARTMENT OF HUMAN SERVICES (CENTRELINK) CONCESSION CARD DETAILS

- [ ] Centrelink Health Care Card  
  (Family Card only NOT Student card)
- [ ] Centrelink Pensioner Concession Card
- [ ] Veterans’ Affairs Pensioner Card  
  (Blue card only – expires Dec 2015)

**CARD No. (CRN OF PARENT/GUARDIAN):**

<table>
<thead>
<tr>
<th>START DATE ON CARD:</th>
<th>CARD EXPIRY Date: (must fall on or after first day of Term One)</th>
</tr>
</thead>
</table>

## STUDENT DETAILS

<table>
<thead>
<tr>
<th>SURNAME</th>
<th>FIRST NAME</th>
<th>DATE OF BIRTH</th>
<th>YEAR LEVEL</th>
</tr>
</thead>
</table>

## PARENT/GUARDIAN DECLARATION

- I have **not** claimed nor do I intend to claim 2015 Secondary Assistance Scheme payment for these students.
- I have **not** claimed this allowance for any of these children at another school in Western Australia in 2015.
- I authorise the Department of Human Services (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: ______________

## WITNESS DECLARATION  
(Concession card must be sighted and witnessed at attending school)

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 current date).

- [ ] I confirm that the above student(s) has/have commenced at this school in Term 1, 2015  DATE: ______________