



# Maitland High School

Successful Teachers, Successful Students, Successful School

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Education  
Public Schools

## STUDENT ASSISTANCE SCHEME APPLICATION FORM

Maitland High School has received funds for distribution for this year. The fund is limited and not all requests can always be met.

Funds will be allocated in response to specific written requests for assistance. The information required on this sheet regarding total family income and pension details will assist in a fair distribution of funds. This information will be CONFIDENTIAL.

You will be notified of approval of assistance as soon as possible.

*Ms Paula Graham*  
Principal

PARENT / GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Current total family income p/week: \$ \_\_\_\_\_

(please include wages, salaries, pension, family allowances, supplementary allowance in your total) and supply statements to support.

Pension/Benefit Number: \_\_\_\_\_

Do you receive any other form of financial assistance for schooling?      YES      NO

If yes please give details. Type of funding: \_\_\_\_\_

CHILD / CHILDREN FULL NAME:

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_

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I testify to the accuracy of the above information.

Signed Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate type of assistance you require:

Subject Fees

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Uniform

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Office Use Only

Deputy Approval:	Amount: _____	Date: _____
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