



MANLY WEST PRIMARY SCHOOL
GRIFFITH STREET, BALGOWLAH 2093

Tel: 9948 2257

APPLICATION FOR STUDENT ASSISTANCE

1. Student Information (Please complete a separate form for each student)

Family Name: Other Names:
Date of Birth: School Year:

2. Parent/Carer Information

Family Name: First Name:
Address:
Phone: Mobile No.:

3. List all your other current dependent children

Name	Age	School Year
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4. What Assistance do you need?

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Declaration

I declare that the above information is true and correct and that I am responsible for the support and care of the student for whom assistance is requested in this form.

Signed Parent/Carer: Relationship to Student: Date:

Approved Amount \$..... Not Approved Comment: Signed: