



Vincentia Public School

Request for Student Assistance

CONFIDENTIAL APPLICATION

Students Name: _____ HB: _____

_____ HB: _____
_____ HB: _____

Parents Name: _____
Address: _____

Number of other children at: High School _____ Pre School _____ At Home _____

Employment Status: One Parent Employed: Full time / Part time
Other Parent Employed: Full time / Part time
Unemployed:
Pensioner: Type of Pension? _____

Excursion Name: _____

Excursion Date: _____ Excursion Cost: \$ _____

Reason for Assistance: _____

Parent's Signature: _____ Date: _____

OFFICE USE ONLY

Approval Amount: \$ _____

Principal's Approval: _____ Date: _____

Parent Contacted Organising Teacher Informed Staff Signature: _____ Date: _____