



Department of
Education

2017

ABSTUDY SUPPLEMENT ALLOWANCE

Applications close 7 April 2017

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.

Parents/guardians must apply for the Secondary Assistance Scheme each school year (annually) – applications do not carry forward to future years.

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.

Please note that the Secondary Assistance Scheme cannot be claimed as well as this allowance.

Application is made by the parent or guardian for student(s) enrolled in Years 7–12, studying a full time secondary course at a Western Australian public or private school.

Applications submitted for students from interstate for the Abstudy Supplement Allowance must be made within one month of the student enrolling at the school.

ELIGIBILITY CRITERIA

Parent or Guardian must hold one of the following cards:

- Department of Human Services (Centrelink) Health Care Card
- Department of Human Services (Centrelink) Pensioner Concession Card
- Veterans' Affairs Pensioner Concession Card

The only Veterans' Affairs Card that meets the criteria is a blue card that is issued annually and expires in December each year. This card is income means tested.

The parent/guardian must be the holder of a card that is valid some time during first term. The only exception to this is when a student holds a health care card in their name and is declared independent by the Department of

Human Services (Centrelink) (e.g. living away from home). In this instance, a letter of confirmation from Centrelink needs to accompany the application.

The allowance is paid up to and including the year the student turns 18 years of age. i.e. students born in 1998 or before are ineligible in 2017.

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, 2017 will not be accepted). Please ensure to keep a photocopy of the signed form for school records.

Applications close Friday 7 April 2017.

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 either the electronic file (via email) to the Schools Resourcing and Support Directorate for processing whilst retaining the **original form at the school** or if completing applications manually, forward the **original forms** retaining a photocopy for the school records.

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

E-mail: student.allowances@education.wa.edu.au



Department of
Education

2017 ABSTUDY SUPPLEMENT ALLOWANCE YEARS 7 – 12
\$79 Education Program Allowance Paid to school



APPLICATIONS CLOSE
FRIDAY 7 APRIL 2017

- 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 1998 or before.
- If living as an independent student, letter of proof from Centrelink must be provided.
- Please complete form in **block** letters.

SCHOOL NAME <i>(Please use school stamp)</i>	SCHOOL CODE
KATANNING SENIOR HIGH SCHOOL Golf Links Road, Katanning, WA 6317 - (08) 9821 9800 Katanning.shs@education.wa.edu.au	4028

PARENT/GUARDIAN DETAILS		
SURNAME	FIRST NAME	
STREET	SUBURB	POSTCODE
CONTACT PHONE No.	E-MAIL	

PARENT/GUARDIAN DEPARTMENT OF HUMAN SERVICES (CENTRELINK) CONCESSION CARD DETAILS		
<input type="checkbox"/> Centrelink Health Care Card (Family Card only NOT Student card)	<input type="checkbox"/> Centrelink Pensioner Concession Card	<input type="checkbox"/> Veterans' Affairs Pensioner Card (Blue card only – expires Dec 2017)
CARD No. (CRN OF PARENT/GUARDIAN): <i>(as per Centrelink Card)</i>	[] [] [] [] [] [] [] [] [] [] - []	
START CARD:	[] [] [] [] [] [] [] []	CARD <small>(must fall on or after first day of Term One)</small>
		[] [] - [] [] - [] [] [] []

STUDENT DETAILS		INDEPENDENT STUDENT <i>(Attach letter from Centrelink)</i>	
SURNAME	FIRST NAME	DATE OF BIRTH	YEAR LEVEL

PARENT/GUARDIAN DECLARATION

- I have **not** claimed nor do I intend to claim 2017 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 2017.
- 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
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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, 2017 DATE: _____