



Department of  
Education

**2024 ABSTUDY SUPPLEMENT ALLOWANCE YEARS 7 – 12**

**\$79 Education Program Allowance** Paid to school

**NG  
ASA**

**APPLICATIONS CLOSE**

**THURSDAY  
28 MARCH 2024**

- Valid to claim with Parent/Guardian card only. Student cannot claim with own card if living with parents(s).
- To be eligible, parent/school must have received \$78 or \$156 ABSTUDY from Centrelink.
- Not eligible if student born in 2005 or before.
- If living as an independent student, letter of proof from Centrelink must be provided.

<b>SCHOOL NAME</b> <i>(Please use school stamp)</i>	<b>SCHOOL CODE</b>

**CONCESSION CARD PARENT/GUARDIAN INFORMATION**

LAST NAME – as per concession card		FIRST NAME – as per concession card	
STREET ADDRESS (EG: 15 Jones Road)		SUBURB	POSTCODE
CONTACT PHONE No.		E-MAIL	

**CONCESSION CARD PARENT/GUARDIAN 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 2024)
<b>CARD No. (CRN OF PARENT/GUARDIAN):</b> <i>(as per Centrelink Card)</i>	□ □ □ □ □ □ □ □ □ □ - □	
<b>CARD START DATE:</b>	□ □ - □ □ - □ □ □ □	<b>CARD EXPIRY DATE:</b>
		□ □ - □ □ - □ □ □ □

**STUDENT DETAILS** *(as listed on parent concession card)*

**INDEPENDENT STUDENT** *(Attach letter from Centrelink)*

LAST NAME	FIRST NAME	DATE OF BIRTH	YEAR LEVEL

**PARENT/GUARDIAN DECLARATION**

- I have **not** claimed nor do I intend to claim 2024 Secondary Assistance Scheme payment for any of these children.
- I have **not** claimed this allowance for any of these children at another school in Western Australia in 2024.
- I authorise 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:** \_\_\_\_\_

If you are completing this form electronically and are unable to sign this form please check this box to confirm the above information is true and correct.

If statements made in this application later prove to be false or misleading this application may be declined. Information supplied will be checked by the school.

**WITNESS DECLARATION**

*(Concession card and application must be sighted and witnessed at attending school by a School Officer)*

**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, 2024 DATE: \_\_\_\_\_