



## Student Assistance Scheme – Request for Assistance

### LAPTOP FEE WAIVER

(all applications are treated confidentially)

FAMILY DETAILS			
Parent / Carer Name			
Address:	Contact Number:		
STUDENT DETAILS			
Family Name:	First Name:	Year:	
Family Name:	First Name:	Year:	
Family Name:	First Name:	Year:	
Family Name:	First Name:	Year:	
FINANCIAL POSITION			
Weekly Income: Do you/your student receive any of the following? (please tick & identify income per week)			
Government Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____	Per Week
Abstudy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____	Per Week
Family Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____	Per Week
Wage/Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____	Per Week

**Declaration:**

1. I declare to the best of my knowledge that the information I have given is true and correct.
2. I acknowledge that I will return the laptop in the same order and in the same condition as it was at the commencement of my borrowing the item. If I fail to do so we can be billed for the damage.
3. I understand that I will be responsible for full reimbursement of the cost of the equipment should the equipment not be returned.

Date: \_\_\_\_\_ Parent/Carer Signature: \_\_\_\_\_

**OFFICE USE SECTION**

Head Teacher Wellbeing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advised parent of outcome: Yes / No Method: \_\_\_\_\_ Date: \_\_\_\_\_

Library Staff Advised: \_\_\_\_\_ Date: \_\_\_\_\_