



Department of
Education

2019

ABSTUDY SUPPLEMENT ALLOWANCE

Applications close 12 April 2019

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 private 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. Students must be listed on claimant's card (except for some year 11 and 12 students, or in cases of disability/health reasons). In this instance, the school must sight both concession cards. 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 2000 or before are ineligible in 2019.

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, 2019 will not be accepted). Please ensure to keep a photocopy of the signed form for school records.

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 the **original forms** to the Financial Planning and Resourcing Directorate for processing.

Payment of the ABSTUDY Supplement Allowance is made directly to the school and should be deducted from your school account.

POST TO

Financial Planning and Resourcing 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

2019 ABSTUDY SUPPLEMENT ALLOWANCE YEARS 7 – 12
\$79 Education Program Allowance Paid to school

**NG
ASA**

APPLICATIONS CLOSE
FRIDAY 12 April 2019

- 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 2000 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		
ST MARY'S COLLEGE BROOME 3 PORT DRIVE BROOME WA 6725 Ph: 9194 9500					
PARENT/GUARDIAN DETAILS					
SURNAME/FAMILY NAME			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 2019)	
CARD No. (CRN OF PARENT/GUARDIAN): <i>(as per Centrelink Card)</i>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>			
START DATE ON CARD:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CARD EXPIRY Date: <i>(must fall on or after first day of Term One)</i>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
STUDENT DETAILS			<input type="checkbox"/> INDEPENDENT STUDENT <i>(Attach letter from Centrelink)</i>		
SURNAME/FAMILY NAME		FIRST NAME		DATE OF BIRTH	YEAR LEVEL
PARENT/GUARDIAN DECLARATION					
<ul style="list-style-type: none"> • I have not claimed nor do I intend to claim 2019 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 2019. • 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 <i>(Concession card and application must be sighted and witnessed at attending school by a School Officer)</i>					
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).					
<input type="checkbox"/> I confirm that the above student(s) has/have commenced at this school in Term 1, 2019 DATE: _____					