



# New Lambton Public School

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Principal

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## Student Assistance Application Form

Name of Student: ..... Class: ..... D.O.B.: .....

Name of Parent/Carer: .....

Home Address: .....

Please outline below any special circumstances which have made the application necessary.

.....  
.....  
.....

Please write your Social Security Number/Special Allowances Name & Number:

.....

I require assistance with:

.....  
.....

Under DEC guidelines, the following items are listed as a guide to the types of items/activities that are regarded as acceptable for the purposes of attracting assistance.

- School uniforms;
- Workbooks
- School excursions or related costs;
- School camps;
- Subject specific costs.

As an indicator, where the school assesses your request as a genuine hardship, we will assist with up to 50% of the requested item, in the first instance.

Signed: ..... Date: .....

Parent/Carer

(Office Use)

Date application received: .....

Application approved: .....

Principal: .....