

James Brigden Principal

PO Box 320 New Lambton 2305 Phone: 49571511 Fax: 49561695

Fax: 49561695 Email: newlambton-p.school@det.nsw.edu.au

## **Student Assistance Application Form**

Name of Student:		Class:	D.O.B.:
Name of Parent/Carer:			
Home Address:			
	y special circumstances wh	·	plication necessary.
	Security Number/Special		umber:
I require assistance with			
Under DEC guidelines, t	he following items are listentiable for the purposes of attributes of the purposes of attributes of the costs;	ed as a guide to the typ	es of items/activities that
As an indicator, where the	ne school assesses your reted item, in the first instant		ardship, we will assist with
Signed:	Parent/Carer	Date:	
(Office Use)			
Date application received: Application approved: Principal:			