

Student assistance request form

Family details			
Student name:	Year:		
Parent or carer name:	Phone number:		
Parent or carer home address:			
Parent or carer email address:			

School details	
School name: J J Cahill Memorial High School	
Contact person: The School Business Manager	Phone number: 96695118
School email address: jjcahill-h.school@det.nsw.edu.au	

Requested items
Description of items and requested amount of assistance:

Details of assistance sought			
Payment plan: <input type="checkbox"/>	Extension: <input type="checkbox"/>	Partial financial support: <input type="checkbox"/>	Full financial support: <input type="checkbox"/>

Reason given for request
Parent or carer signature: _____ Date: _____

School use only			
Application outcome: Approved: <input type="checkbox"/>	Amount: \$	Declined: <input type="checkbox"/>	
Reason for approval or rejection:			
Principal name: Mr Ralph David		Principal signature: _____	
Parent or carer notified of the outcome:	Yes: <input type="checkbox"/>	Date: _____	