

EDEN PUBLIC SCHOOL

Dare to Dream, Act to Achieve



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Student Assistance Scheme

STUDENT'S NAME: _____

YEAR: _____

ADDRESS: _____

PHONE: _____

PARENT/GUARDIAN: _____

STUDENT ASSISTANCE FOR:

EXCURSION: _____

UNIFORMS: _____

FOOD: _____

OTHER: _____

OFFICE PROCEDURES:

ITEM	AMOUNT APPROVED	BALANCE OWING
_____	_____	_____
_____	_____	_____

PRINCIPAL: _____

SIGNED: _____

DATE: _____

RESPECT

RESPONSIBILITY

RESILIENCE

