

# Department of **Education**

### 2025

## SECONDARY ASSISTANCE SCHEME PUBLIC SCHOOLS

**Applications close - 11 April 2025** 

#### **GENERAL INFORMATION**

The Western Australian Government through the Department of Education provides an allowance to assist eligible families with secondary schooling costs.

Parents/guardians must apply for the Secondary Assistance Scheme (SAS) each school year (annually) – applications do not carry forward to future years.

To be eligible for the allowance the parent/guardian must hold a Services Australia (Centrelink) or Veterans' Affairs card that represents a statement of income for the family.

The allowance consists of two components:

- \$300 Clothing Allowance paid directly to the parent/guardian or the school.
- \$235 Education Program Allowance paid directly to the school.

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 public school.

#### **ELIGIBILITY CRITERIA**

Parent or Guardian must hold one of the following cards:

- Centrelink Health Care Card
- Centrelink Pensioner Concession Card
- Veterans' Affairs Pensioner Concession Card

Please Note: 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 sometime 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 their own health care card and has been declared independent by Centrelink (e.g. Living Away from Home) in which case, a Centrelink letter of confirmation from must accompany the application. The concession card must not be expired when applying for SAS.

The allowance is paid up to and including the year the student turns 18 years of age i.e. students born in 2006 or before are ineligible in 2025.

#### **APPLICATION FORMS**

Application forms should not be altered and are to be completed at the school or emailed during Term 1 only. If completing an application via email and/or signing the application electronically, applicants must also email a copy of both sides of their concession card with the application to the school. If the application 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, 2025 will not be accepted). Please ensure you keep a copy of the signed form for school records.

Personal information collected will only be used for the purpose of managing the SAS. The Department will not disclose your personal information for any other reason.

#### **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.

#### CONTRIBUTIONS AND CHARGES

Schools will receive the Education Program Allowance of \$235 for SAS recipients. This will be applied towards education program charges in the first instance, with any residual to be applied to the voluntary contribution (for years 7 to 10) or as negotiated with the parent/guardian (for years 11 to 12).

#### **CLOTHING ALLOWANCE**

The clothing allowance of \$300 will be paid to the parent/guardian unless indicated on the application form that you wish for it to be paid to the school. If payment is to be made to the parent/guardian, the payment will be deposited into the nominated bank account. It can take between 8 to 12 weeks to receive this payment.

#### PROCESSING OF PAYMENTS

Applicants must submit the completed form to their school with their concession card. The school must check the form for accuracy, view the concession card and witness the application. Schools will then submit applications to the Financial Planning and Resourcing Directorate for processing via:

• electronic file (via email) whilst retaining the original application form at the school

or

• posting the **original application forms** retaining a copy for the school records.

If you change any of your details supplied on the application form, please notify us as soon as possible on 9264 4516.

We will endeavour to have all clothing payments made to the parent/guardian by 31 May 2025.

#### **FURTHER INFORMATION**

Parents: For queries about an application, contact your school in the first instance.

Further queries can be directed to the Allowances Coordinator.

Telephone: (08) 9264 4516

E-mail: student.allowances@education.wa.edu.au

# **Education WESTERN AUSTRALIA**

### 2025 SECONDARY ASSISTANCE SCHEME YEARS 7 - 12 Department of

\$300 Clothing Allowance Paid to parent or school \$235 Education Program Allowance Paid to school

#### **APPLICATIONS CLOSE**

**FRIDAY** 

• Valid to claim with Parent/Guardian card only. Student cannot claim with own card if living with parent(s)

Not eligible if student born in 2006 or before.

- If living as an independent student, letter of proof from Centrelink must be provided.
- Please retain a copy of the application form at the school
- The Education Program Allowance (EPA) of \$235 for students will be paid to the school and will be

| • •  | lied towards education program   | charges in the first in | stance.          |                                       |                |
|--|----------------------------------|-------------------------|------------------|---------------------------------------|----------------|
| SCHOOL NAME  |                                  |                         |                  | SCHOOL                                | CODE           |
|  |                                  |                         |                  |                                       |                |
|  |                                  |                         |                  |                                       |                |
|  |                                  |                         |                  |                                       |                |
| CONCESSION CARD PARENT/GU  | ARDIAN INFORMATION               | EIRST NAME on par or    | anagaign gard    |                                       |                |
| LAST NAME – as per concession card   |                                  | FIRST NAME – as per co  | oncession card   |                                       |                |
| STREET ADDRESS (EG: 15 Jones Road)   |                                  | SUBURB                  |                  | POSTCODE                              |                |
| ,  |                                  |                         |                  |                                       |                |
| CONTACT PHONE No.  |                                  | E-MAIL                  | E-MAIL           |                                       |                |
|  |                                  |                         |                  |                                       |                |
| CONCESSION CARD PARENT/GUA   | ARDIAN DETAILS                   |                         |                  |                                       |                |
| Centrelink Health Care Card Centrelink Veterans' Affairs Pensioner Card  |                                  |                         |                  |                                       |                |
| (Family Card only NOT Student card) Pensioner Concession Card (Blue card only – expires Dec 2025)  |                                  |                         |                  |                                       |                |
| CARD No. (CRN OF PARENT/GUARDIAN):  (as per Centrelink Card)   |                                  |                         |                  |                                       |                |
| CARD CARD CARD CARD CARD CARD CARD CARD  |                                  |                         |                  |                                       |                |
| START DATE:  | EAF                              | PIRY DATE:              |                  |                                       |                |
| STUDENT DETAILS (As listed on a  | pplicant concession card)        | INDEPENDEN              | VEAD             | (Attach letter fron<br>CLOTHING ALLOW |                |
| LAST NAME  | FIRST NAME                       | DATE OF BIR             | TH LEVEL         | PAID TO (select)                      | TARGE TO BE    |
|  |                                  |                         |                  | SCHOOL                                | PARENT         |
|  |                                  |                         |                  | SCHOOL                                | PARENT         |
|  |                                  |                         |                  | SCHOOL                                | PARENT         |
| BANK ACCOUNT DETAILS OF PAREN  | T/GUARDIAN (Complete only i      | f clothing allowance    | to be paid to    | parent)                               |                |
| Payments will only be made by EFT – Please write clearly   |                                  |                         |                  |                                       |                |
| Name of Account Holder(s):   |                                  |                         |                  |                                       |                |
| BSB Number: (6 digits)   |                                  |                         |                  |                                       |                |
| PARENT/GUARDIAN DECLARATION  |                                  |                         |                  |                                       |                |
| I have <b>not</b> claimed this allowance   | e for any of these children at a | another school in W     | /estern Austra   | lia in 2025.                          |                |
| <ul> <li>I have <b>not</b> claimed this allowance for any of these children at another school in Western Australia in 2025.</li> <li>I authorise Centrelink to verify my current benefit status and other pertinent details to gain this entitlement.</li> </ul> |                                  |                         |                  |                                       |                |
|  |                                  |                         | _                |                                       |                |
| 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: DATE: If you are completing this form electronically and are unable to sign this form please check this box to confirm  |                                  |                         |                  |                                       |                |
| the above information is true  |                                  | iable to sign this f    | orm please o     | check this box to                     | confirm        |
| If statements made in the application later pro  |                                  | cation may be declined. | Information supp | olied will be checked I               | by the school. |
| SCHOOL WITNESS DECLARATION   | N .                              |                         |                  |                                       |                |
| (Concession card and application must be sighted and witnessed at attending school by a Department Officer)  |                                  |                         |                  |                                       |                |
| I have sighted the claimant's card and confirm the details provided are correct.   |                                  |                         |                  |                                       |                |
|  |                                  |                         |                  |                                       |                |
|  |                                  |                         |                  |                                       |                |
| PRINT NAME OF WITNESS  | WITNESS SIGNATU                  | IRE PO                  | SITION HELD      | D D                                   | ATE            |
| If the form is completed and da  |                                  | complete the comm       | nencement co     | nfirmation below                      |                |
| (tick box and enter current date I confirm that the above student(s  |                                  | chool in Term 1, 2025   | DATE:            |                                       |                |