

APPLICATION FOR STUDENT REPRESENTATIVE ASSISTANCE



SPRINGFIELD CENTRAL STATE SCHOOL P & C ASSOCIATION

TO: The President (Springfield Central State School P & C Association)

FROM:

I wish to apply for student representative assistance for :		
A student at Springfield Central State School in Year:		
To support his/her participation in the following:		
Name of EVENT:		
Date of EVENT:	Location of EVENT:	
REPRESENTATIVE LEVEL:		
<input type="checkbox"/> STATE (\$100 assistance) (representing region in a STATE level)		
<input type="checkbox"/> NATIONAL (\$200 assistance) (representing the STATE at a National level)		
<input type="checkbox"/> INTERNATIONAL (\$300 assistance) (representing AUSTRALIA at an International level)		
Parent/Guardian NAME:		
ACCOUNT DETAILS FOR DIRECT CREDIT from P&C		
BSB:	ACCOUNT NAME:	
ACCOUNT NUMBER:		
OR Name and Address for cheque payment:		



PRINCIPAL STATEMENT

I verify that the information provided above is for a school based/non-school activity at a State, National or International level and that the costs stated will be incurred.

Signature of Principal:

Date:



FORWARD TO P&C THROUGH PRESIDENT