

2024

SECONDARY ASSISTANCE SCHEME HOME EDUCATION

Applications close 28 March 2024

GENERAL INFORMATION

The State Government through the Western Australian Department of Education provides an allowance for parents providing Home Education 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:

- \$115 Clothing Allowance paid directly to the parent/guardian.
- \$235 Education Program Allowance paid directly to the parent/guardian.

Application is made by the parent or guardian for student/s registered for study in Years 7–12 and of Year 7–12 school age. The allowance is paid up to and including the year the student turns 18 years of age.

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 each year 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 during first term. Claims cannot be made using a student's Centrelink card as this is not a statement of income for the family. 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 2005 or before are ineligible in 2024.

APPLICATION FORMS

Application forms are available from Home Education Moderators at all Department of Education Regional Education Offices.

Forms should not be altered and are to be completed during Term 1 only. Any forms submitted to Financial

Planning and Resourcing Directorate prior to Term 1, 2024 will not be accepted.

Please ensure to keep a photocopy of the signed form for your records.

Personal information collected will only be used for the purpose of managing the Secondary Assistance Scheme. 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.

SUBMISSION OF APPLICATION

Submit your:

- 1. Completed application
- 2. Letter/certificate from your Education Regional Office stating the student(s) is/are registered for Home Education for 2024 and
- Copy of your concession card front and back
 The application is not complete and will not be accepted if any of the three (3) required documents are missing.

Email to: student.allowances@education.wa.edu.au

or

Post to: Financial Planning and Resourcing Directorate

Department of Education
151 Royal Street
EAST PERTH WA 6004

The witness declaration will be completed by the Department of Education once all items are received.

Receipts for purchases of books, stationery and educational software must be retained and presented if requested.

PROCESSING OF PAYMENTS

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

We will endeavour to have all payments made to the parent/guardian by 31 May 2024.

FURTHER INFORMATION

Telephone: (08) 9264 4516

Email: student.allowances@education.wa.edu.au



2024 SECONDARY ASSISTANCE SCHEME YEARS 7 - 12

\$115 Clothing Allowance \$235 Education Program Allowance H

APPLICATIONS CLOSE

THURSDAY 28 March 2024

HOME EDUCATION

- Valid to claim with Parent/Guardian card only.
- Not eligible if student born in 2005 or before.
- All three documents are mandatory and must be submitted as a complete application.

28 March 2024	, , , , , , , , , , , , , , , , , , , ,
EDUCATION REGIONAL OFFICE NAME (Please use Regional	l Office stamp)
CONCESSION CARD PARENT/GUARDIAN INFORMATION	
LAST NAME – as per concession card	FIRST NAME – as per concession card
STREET ADDRESS (EG: 15 Jones Road)	SUBURB POSTCODE
CONTACT PHONE No.	E-MAIL
CONCESSION CARD PARENT/GUARDIAN DETAILS	
Centrelink Health Care Card Centrelink Veterans' Affairs Pensioner Card	
(Family Card only NOT Student card) Pensio	ner Concession Card (Blue card only – expires Dec 2024)
CARD No. (CRN OF PARENT/GUARDIAN):	100000-0
(as per Centrelink Card)	
	CARD
	EXPIRY DATE:
STUDENT DETAILS (as listed on parent/guardian concession	
LAST NAME FIRST NAME	DATE OF BIRTH YEAR LEVEL
BANK ACCOUNT DETAILS OF PARENT/GUARDIAN (Payments will only be made by EFT)	
Name of Account Holder(s):	
BSD Numbers (6 digita)	
BSB Number: (6 digits)	
PARENT/GUARDIAN DECLARATION	
I have attached both:	
a letter from the Education Regional Office indicating the student(s) is/are registered for home education in 2024; and	
a copy of the front and back of my concession card to enable my application to be witnessed	
I have not claimed nor do I intend to claim the ABSTUDY School Fees Allowance in 2024 for any of these children.	
I authorise Centrelink to verify my current benefit status and other pertinent details to gain this entitlement.	
 No other application has been submitted for students listed on this application form. 	
A DECLARE THE ABOVE TO BE TRUE AND CORRECT AND AM AWARE THAT IT IS AN OFFINE TO BROWDE FALSE OF	
I DECLARE THE ABOVE TO BE TRUE AND CORRECT AND AM AWARE THAT IT IS AN OFFENCE TO PROVIDE FALSE OR MISLEADING INFORMATION	
INICELABING IN CHINATION	
DADENT/OUADDIAN GIONATUDE	D 4 TF
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 and correct.	
If statements made in this application later prove to be false or misleading this application may be declined.	
Information supplied will be checked by the Department.	
OFFICE USE ONLY - WITNESS DECLARATION	
I have sighted a copy of the claimant's card and confirm the details provided are correct.	
PRINT NAME OF WITNESS WITNESS SIGNA	ATURE POSITION HELD DATE