



CONCORD HIGH SCHOOL

Student Assistance Application Form

Student surname:

Student first name:

Academic year:

Date of birth:

Parent/ carer 1 name:

Parent/ carer 1 phone:

Parent/ carer 2 name:

Parent/ carer 2 phone:

Address:

Email:

Please briefly outline the financial circumstances which are affecting your ability to pay expenses at this time:

Supporting documents attached:

Please return this form to concord-h.school@det.nsw.edu.au Attention: Administrative Manager

The personal information collected on this application is for purposes directly related to your child's education including processing this application. Any information provided to the NSW Department of Education (the Department) will be used, disclosed and stored consistent with the NSW privacy laws.

Personalising Education

Principal: Mr Victor Newby

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E: concord-h.school@det.nsw.edu.au

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W: www.concord-h.schools.nsw.edu.au