



BOARDING AWAY FROM HOME ALLOWANCE 2026 APPLICATION FORM

NOTE: PLEASE RETAIN A PHOTOCOPY OF THIS FORM FOR YOUR RECORDS.

Please return completed form to:

Financial Planning and Resourcing Directorate
Department of Education
151 Royal Street
EAST PERTH WA 6004
Email: student.allowances@education.wa.edu.au

LAST NAME		FIRST NAME		
STREET (Residential Address)		SUBURB	POSTCODE	TELEPHONE NUMBER
POSTAL ADDRESS (If different to Residential Address)			EMAIL ADDRESS	

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STUDENT DETAILS			
LAST NAME	FIRST NAME	YEAR LEVEL	DATE OF BIRTH

Western Australian College of Agriculture - Harvey

LENGTH OF BOARDING <input type="checkbox"/> Full Year or <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4	BOARDING PROVIDER TYPE <input type="checkbox"/> Department of Education Residential Colleges <i>i.e.</i> <input type="checkbox"/> Private School <input checked="" type="checkbox"/> WA College of Agriculture <input type="checkbox"/> Rotary Residential College <input type="checkbox"/> Second Home <input type="checkbox"/> Private Boarding	Albany Residential College Broome Residential College City Beach Residential College Esperance Residential College Geraldton Residential College Merredin Residential College Moora Residential College Narrogin Residential College Northam Residential College
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BOARDING PROVIDER NAME	BOARDING PROVIDER OR SECOND HOME ADDRESS
WACO - Harvey	Mornington Road WOKALUP WA 6221

☐ Student Attends a Department of Education Residential College (payment will be made directly to the Residential College)
☒ Student Attends WA College of Agriculture (payment will be made directly to college)
☐ Boarding Provider
☐ Parent/Guardian (please provide bank account details below)

Account Name:

Not Applicable

BSB Number: (6 digits) - **Account Number:** (up to 9 digits)

☐ I HAVE ATTACHED AN ENTITLEMENT STATEMENT/LETTER FROM CENTRELINK CONFIRMING I AM RECEIVING THE ASSISTANCE FOR ISOLATED CHILDREN BOARDING ALLOWANCE OR SECOND HOME ALLOWANCE IN 2026.

- The student named is required to board away from home or live in a second home in order to attend a school offering tuition at the appropriate level.
- I am the student's natural parent **OR** the student's legally adoptive parent **OR** another person legally responsible for the student (such as a step-parent or legal guardian) **AND** I am responsible for the student's care, welfare and development.
- I am a permanent resident in Western Australia.
- I will advise the Department of Education of any change in my place of residence or of any other circumstance affecting payment of the allowance.
- I authorise Services Australia (Centrelink) to verify my current benefit status and other pertinent details to gain this entitlement.

**Information obtained from Centrelink will only be used to verify eligibility for BAHA and will remain confidential.*

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:** _____

☐ 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.

Note: If statements made in the application later prove to be false or misleading this application may be declined. Information supplied will be checked by the school or boarding provider.