



BOARDING AWAY FROM HOME ALLOWANCE 2021 APPLICATION FORM

Please return completed form to: Financial Planning and Resourcing Directorate, Department of Education, 151 Royal Street, EAST PERTH WA 6004

Applications close 26 November 2021
NOTE: PLEASE RETAIN A PHOTOCOPY OF THIS FORM FOR YOUR RECORDS.

PARENT/GUARDIAN DETAILS
SURNAME, FIRST NAME, STREET (Residential Address), SUBURB, POSTCODE, TELEPHONE NUMBER, POSTAL ADDRESS (if different to Residential Address), EMAIL ADDRESS

STUDENT CENTRELINK (AIC) REFERENCE NUMBER
[] [] [] [] [] [] [] [] [] [] - []

STUDENT DETAILS
SURNAME, FIRST NAME, YEAR LEVEL, DATE OF BIRTH

SCHOOL ATTENDING
Western Australian College of Agriculture (WACOA) - Harvey

BOARDING PROVIDER DETAILS
LENGTH OF BOARDING, BOARDING PROVIDER TYPE, BOARDING PROVIDER NAME, BOARDING PROVIDER ADDRESS/SECOND HOME ADDRESS

BOARDING PROVIDER NAME: WACOA - Harvey
BOARDING PROVIDER ADDRESS/SECOND HOME ADDRESS: Mornington Road WOKALUP WA 6221

PAYMENT TO (Please tick)
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)

BANK ACCOUNT DETAILS OF PARENT/GUARDIAN (Complete only if Parent/Guardian ticked above)
Payments will only be made by EFT
Account Name: []
BSB Number: (6 digits) [] [] [] - [] [] []
Account Number: (up to 9 digits) []

PARENT/GUARDIAN DECLARATION
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 2021.
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.
The information I have given on this form is true and correct and I understand that action may be taken if false or misleading information is provided.
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: _____