

Please note: An NT Government Student Assistance Application MUST be submitted, prior to a claim being accepted. The application form is available on the Department Website at www.education.nt.gov.au/grants/funding/general/sas. If you cannot download an application form, please contact the Finance Student Assistance Officer as noted below.

Financial Services - Student Assistance - GPO Box 4821, DARWIN NT 0801

Tel: (08) 8901 4965

Free call: 1800 019 157

Email: studentassistance.det@nt.gov.au

20____ NT SCHOOLS OF THE AIR STUDENT FUNCTIONS ALLOWANCE

Name of claimant (1) Name of claimant (2)
 Home address Postal address
 State Postcode State Postcode
 Email address
 Home ph Work ph Mobile.....

.....School of the Air	Dates of function	Student Name/s
Type of Function.....to.....

DETAILS OF STUDENTS TRAVEL BY BUS, RAIL OR AIR, TO THE POINT OF PICK UP	Attach all ticket receipts and boarding passes.	COST
-------------------------------------------------------------------------	-------------------------------------------------	------

Date..... From..... To.....	\$
Date..... From..... To.....	\$
Total of Tickets	
	\$

PRIVATE VEHICLE DETAILS	Vehicle Type.....Registration No.....
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DETAILS OF TRAVEL BY PRIVATE VEHICLE	<p>Example given: From: - The students Principal Place of Residence. To: - The School of the Air Function From: - The School of the Air Function - To:- The students Principal Place of Residence</p>
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Date..... From..... To.....	kms (each way).....
Date..... From..... To.....	kms (each way).....
Date..... From..... To.....	kms (each way).....
Date..... From..... To.....	kms (each way).....

I declare the following:

- the information and distance stated on this form are true and correct; and
- all journeys claimed were **undertaken by private vehicle**.

Signature of claimant (1) Date

Signature of claimant (2) Date

CERTIFICATION BY SCHOOL PRINCIPAL / REGISTRAR	
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I certify the following:

- The student/s attended the School of the Air Function on the days stated in the claim; and
- The claimant did not receive reimbursement for travel assistance by the School of the Air.

Signature of Principal / Registrar.....Date.....

STAMP OF SCHOOL / INSTITUTION

