



Roxburgh Area School Student Support Grant

Child's Name: _____ D.OB. _____

Caregivers Name: _____

Teacher Supporting Funding Application _____

Assessment/Evaluation/Appointment _____

Benefits Assessment/Evaluation will have on the child's education:

Name of Assessor: _____

Address of Assessor/Specialist:

Date of Appointment: _____

Request for Funding Assistance with: (Please circle those relevant)

Transport Part payment of Assessment/Evaluation Full payment of Assessment/Evaluation

Full amount of Assessment/Evaluation/Appointment: _____

Amount Requested: _____

Transport grants will be given out as petrol vouchers and will be given before appointment.

Alexandra \$20
Cromwell \$30
Queenstown \$50
Dunedin \$60
Invercargill \$60
Christchurch \$120

Payment will be at the discretion of the Funding Panel. They may choose to pay transport, part payment, full payment, or no payment. Any payment other than transport will be credited to a bank account only – either invoiced to Specialised service or re-imburement to parent/caregiver. Please include a copy of the invoice and/or signed confirmation from the service provider.

Service Provider's Signature/confirmation:

I confirm I have seen _____ to assess/evaluate _____
their _____ on (date) _____

Signature: _____ Job Title _____

All applications will be treated with the upmost respect and privacy.