

DAIRY ASSISTANCE - APPLICATION FORM

School Name

Parent/legal guardian details

Surname: _____

First name: _____

Address: _____

Town/suburb: _____ State: _____ Postcode: _____

Contact phone number: _____

NOTE – the dairy assistance payment is only available to families who own, share-farm or lease a dairy farm business; or those people whose primary occupation is working on a dairy farm.

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year level

You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your child's school.

Signature of applicant _____

Date ____ / ____ / ____