



SPRINGFIELD PRIMARY SCHOOL

An Independent Public School
Working Together, Achieving More

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Families requesting support for financial assistance.

The Department of Education recognises and supports the diverse needs of all students. The Department of Education Policy – *Students at risk in public schools policy* states that schools need to;

- Employ a combination of promotion and prevention approaches to increase protective factors and reduce risk factors influencing the educational, **social and/or emotional development** of students at risk;
- **Allocate available resources and engage appropriate agencies to support individuals and groups of students at risk;**
- Other risk factors may include, but are not limited to: **socio economic status, family structures, medical/biological/genetic/cognitive factors, environmental factors (school, family and community), cultural and linguistic diversity (CaLD), and geographic location.**

The Students at Risk policy is to establish school processes to identify, provide for, monitor and report on students who may be at educational risk. Students whose academic, social and/or emotional attributes are a barrier to engagement with the content and standards defined in the Western Australian Curriculum. The Department of Education schools are concerned with developing well rounded students who succeed at their school work, are happy and well adjusted, and show concern and respect for others.

In my role as a Chaplain, I have secured some financial support from a local business which I can use to offer financial assistance for extra cost optional components such as excursions. To make an application to be considered for financial support, please fill out the below form and hand in to reception. Alternatively, forms will be left in reception. Please be assured that this information will be treated with confidentiality at all times.

Families requesting support for financial assistance.

Student(s)name: _____

Year: _____ Room: _____

Activity description: *e.g. dance lessons* _____

_____ Date of activity: _____

Reason for assistance required: _____

Office use only:

Reviewed by management committee:

1. _____ 2. _____ 3. _____

Date: _____ Outcome: _____
