## **Glenmore SHS**

## P & C Association

Glenmore State High School Corner Bruce Highway and Farm Street North Rockhampton Q 4701

Telephone: (07) 49230333 Fax: (07) 49230300

Email: pandc@glenmoreshs.eq.edu.au

## **Application for Assistance for Student Representation**

,	nce under the Student Representation Policy (Student)				)	
to support his/her participa	ation at			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
(name of event)	to be held			/	/	
Details of anticipated costs Accommodation:	•	ies of invo	ices received)			
Basic uniform:	\$					
Registration:	<del>ب</del> خ					
Travel:	\$					
Other (please specify):	\$ \$ \$ \$					
Total	\$					
If approved, funds can be o	deposited to:					
Account Name			BSB#			
Financial Institution			Accoun	t#		
Signature of parent/guardian:				_ /		/
Principal / Head of Departr I verify that the above repr international level and that	esentation is f	or a schoo	-	at a state	/ nat	ional /
Signature:					/	/
Name (please print)						
P&C Treasurer Use						
Date approved:	/ /	, 	ate transferred:	/		/
Treasurer's signature:	Entered in P&C Bursary Register					