# What is *Learning for Life?*

**The *Learning for Life* program works in partnership with families to support their children's education and increase their chances of success at school.**

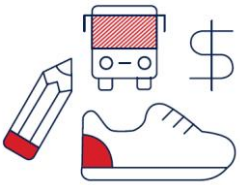
## *Learning for Life* provides:



Support from a dedicated Family Partnership Coordinator



Access to educational programs for the whole family



Scholarship money to help with the costs of schooling

## Who is eligible for *Learning for Life?*



**To be eligible, a family must:**

- ✓ **Have a current Health Care or Pension Concession Card**
- ✓ **Have a child in a primary school we work with**
- ✓ **Demonstrate commitment to education through regular school attendance**

## What else do I need to know?

*Learning for Life* is a partnership between the family and The Smith Family.

The parent, guardian, or caregiver, must commit to:

- Regular school attendance
- Completing a yearly update for each child
- Providing a school report yearly for each child
- Maintaining contact with The Smith Family



## How can a family join *Learning for Life?*

If you know a family who meets all the above eligibility criteria and would like to join the *Learning for Life* program, please provide the expression of interest form or speak to your local Family Partnership Coordinator.


**Alice Stubbs**
Family Partnership Coordinator

**M** 0479 177 092
**E** alice.stubbs@thesmithfamily.com.au

# *Learning for Life* Referral Form

The Smith Family
Learn today, change tomorrow.

## 1. Referring School Details *(* Mandatory Information to be completed)*

| | | | |
|---|---|---|---|
| Name of School*: | Banyan Fields Primary school | Referral Date:* | / / |
| Key Contact Person:* | **Patrick Halpin** | Telephone:* | 9782 1333 |

## 2. Applicant Details – Primary Carer e.g. Parent/Carer *(* Mandatory Information to be completed)*

| | | | | |
|---|---|---|---|---|
| Full Name:* | | | | |
| **Street Address*** | | | | **Contact Details {M}** |
| Suburb:* | | | | Alternate phone (mobile): |
| State:* | | P/code:* | | Email Address: |

## 3. Participant Applicant Details (Child/ren)

| **Student Name*** | **Gender*** | **Date of Birth*** | **Year Level*** | **Attendance rate** (e.g. Absences last semester; Attendance %; or attach school report ) |
|---|---|---|---|---|
| | ☐ M ☐ F ☐ X ☐ Unspecified | / / | | |
| | ☐ M ☐ F ☐ X ☐ Unspecified | / / | | |
| | ☐ M ☐ F ☐ X ☐ Unspecified | / / | | |
| | ☐ M ☐ F ☐ X ☐ Unspecified | / / | | |

## 4. Eligibility Criteria*

☐ Parent/Carer in possession of Health Care Card or Pension Concession Card;

☐ Parent/Carer have responsibility for a child/children regularly attending school;

☐ Student(s) attend a Partner School.

☐ Student(s) in a Primary School year

If any of the above criteria are not met, please complete section 6 below outlining why the application should still be considered for approval.

## 5. Consent to Obtain / Provide Information*

I, _____ hereby give permission to
*(Name of Parent/Carer)*

_____
***Banyan Fields PS***

to provide The Smith Family with this information to enable them to process this referral. This includes consent to provide attendance data and/or copy of the student's latest school report.

_____ _____
*Signature of Parent/Carer (applicant)* Date

_____ _____
*Signature of Referrer (school representative)* Date

## 6. Additional Information *(Use the back of the form if more space is required).*

Please add any additional information to support this referral (e.g. education related achievements/awards/merits; extenuating circumstances impacting attendance – health and disability, bereavement):

Special eligibility considerations (if any):

Do the family require additional support to participate in the recruitment interview? (Interpreter etc.)

## 7. Return this form to:

***Family Partnership Coordinator***
***Alice Stubbs***
***Mob: 0479 177 092***

***Email:***
Alice.stubbs@thesmithfamily.com.au