

Date: \_\_\_\_\_

The Principal  
Lilydale High School  
Melba Avenue  
LILYDALE VIC 3140

Dear Mr Bishop,

I hereby authorise my Education Maintenance Allowance cheque to be credited to the account of Lilydale High School Official Account, Account Number: 1003 0211, Branch Number: 3535 at Commonwealth Bank, Lilydale.

PARENT NAME: \_\_\_\_\_

STUDENTS NAMES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FUNDS TO BE ALLOCATED TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHEQUE TO BE SIGNED OVER:  
[Please tick appropriate box/es]

SEMESTER 1

SEMESTER 2

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_