

# REVIEW OF STUDENT INCOME



**SUPER SA**  
contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original and other document(s) to Super SA.

## 1. Student Details

Super ID

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Mr  Ms  Miss  Mrs

Surname

Given name(s)

Address

Postcode

Date of birth

/ /

Email

Telephone

The Certificate of Attendance should be signed by the Principal, Registrar or Enrolment Authority of the student's school, educational institution or university.

A separate application must be made for each student.

## 2. Parent or Guardian Details

Surname of parent or guardian

Given name of parent or guardian

Address

Postcode

## 3. Certificate of Attendance

**It is the responsibility of the parent/guardian or student if over 18 to notify Super SA in writing immediately if the student ceases full-time studies.**

Name of school, educational institution or university

I hereby certify that

*(student's full name)*

is a full-time student at the above named educational institution and I expect him/her to remain a student for the current year

commencing: / / and ending: / /

was a full-time student at the above named educational institution up to and including: / /

Signature

Date

/ /

*(Principal or Registrar)*

Name

Position

Contact no.

Please insert the school stamp below:

### Contact us

#### Address

Ground floor,  
151 Pirie Street  
Adelaide SA 5000  
(Enter from Pulteney Street)

#### Postal

GPO Box 48, Adelaide, SA 5001

#### Call

**(08) 8207 2094**

1300 369 315 (for regional callers)

#### Email

supersa@sa.gov.au

#### Website

www.supersa.sa.gov.au

