



## LEXSA CHILDCARE ASSISTANCE REBATE FORM 2024

STUDENT NAME: .....

STUDENT NUMBER: ..... LEXSA MEMBER: YES/NO

COURSE ENROLLED: ..... **ON CAMPUS/ONLINE**

ADDRESS: .....

PHONE CONTACT: .....

STUDENT EMAIL: .....

**CHILDCARE PROVIDER:** .....

**STUDENT BANK DETAILS:** .....

ACCOUNT NAME: .....

BSB: .....ACCOUNT NUMBER:.....

**Please attach Invoice from your provider & drop into the LEXSA Office or email to Debra at [debra.johnston@lexsa.com.au](mailto:debra.johnston@lexsa.com.au)**

Reimbursement will be up to \$25 per week for current LEXSA Members who are currently enrolled **and studying at Southern Cross University for 2024**

*This service has been funded by the Student Services Amenities Fund (SSAF)*