# Form > Super SA > Superannuants REVIEW OF STUDENT INCOME



## 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	The Certificate of Attendance should be signed by the Principal, Registrar or Enrolment Authority of the student's school, educational institution or			
Super ID	university. A separate application must be made for each student.			
Mr Ms Miss Mrs	2. Parent or Guardian Details			
Surname	Surname of parent or guardian			
Given name(s)	Given name of parent or guardian			
Address	Address			
	3. Certificate of Attendance			
Postcode Date of birth / /	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.			
Email	Name of school, educational institution or university			
Telephone	I hereby certify that			
	<i>(student's full name)</i> is a full-time student at the above named educational insitution 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: / /			
Contact us	Signature Date / /			
Address	(Principal or Registrar)			
Ground floor, 151 Pirie Street Adelaide SA 5000	Name Position			
(Enter from Pulteney Street)	Contact no.			
Postal GPO Box 48, Adelaide, SA 5001	Please insert the school stamp below:			
Call (08) 8207 2094 1300 369 315 (for regional callers)				
Email supersa@sa.gov.au				
Website www.supersa.sa.gov.au				

# Form > Super SA > Superannuants REVIEW OF STUDENT INCOME



>2

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

### 4. Ceased Full-time Studies

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.

Date ceased full-time studies: / /

Has this student commenced employment in a full-time capacity?	Yes		No	
If yes, (i)on what date did he/she commence full-time employment	/	/		
(ii) name and address of employer				
		Postcode	9:	

### 5. Declaration

I hereby declare that, to the best of my knowledge and belief, that all information given in this application is true and correct.

Signature	/	/	

(student if over 18 years, or parent or guardian)

Super SA use only

Student pension of \$