## **STATUTORY DECLARATION**

I, the undersigned			(name in full)		
Principal of			(name of school	)	
in the state of New South grant expenditure on the p	•	•	•	•	
and being grant number					
was \$			(insert grant funds spe	nt)	
and the project is now consolely in connection with to the matter aforesaid, aclaw provided for any such	he terms and conditi cording to the law in	ons of the grant. I ma	ke this solemn declaration	on, as	
I enclose (please tick):					
a copy of the final re	port;				
a photographic recor	d [where applicable]	; and			
a copy of the financia	al report (for the who	le project and includin	g a breakdown of expend	diture);	
in accordance with the re	porting guidelines an	d the conditions of the	grant.		
	3 3 1 1 1 1 1		3		
			(school prin	cipal)	
TAKEN and declared at					
in the said state this	day	of	, befor	e me:	
Name of witness			(please print)		
Signature of witness			(qualifications l	below)	
Please circle the relevant qua	lification				
(Note: must be currently license	ed or registered under a l	aw to practise in one of the	following occupations)		
Justice of the Peace	Chiropractor	Dentist	Legal practitioner		
Medical practitioner	Nurse	Optometrist	Pharmacist		
Police Officer		(employed on a full-time basis at a school or tertiary education institution that is not involved with the grant or related to the signatory)			