**Assistance towards the cost of school books - 2017/2018**

**Application Form**

I wish to apply for assistance towards the cost of school books for the 2017/2018 school year

Parent’s/guardian’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class / Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick the reason(s) for your application for this grant on the grounds of genuine

financial hardship:

|  |  |
| --- | --- |
| Unemployment/short-term working |  |
| Prolonged illness of a parent/guardian |  |
| Large family size with inadequate means |  |
| Single parent/guardian families |  |
| Other family circumstances indicating financial hardship |  |

Parent’s/ guardian’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Please return this form to the office before 12.00pm on Friday 26th May 2017** |

Any assistance provided will be in the form of a voucher issued by the school and redeemable with the Wriggle online store/named local bookshop.

Vouchers will be issued to families by post mid June.