## PRESENTATION SECONDARY SCHOOL



**Parent/Guardians Name** 

Address

Educating the Students of Wexford Since 1818 "Our Best Always"



## Assistance towards the cost of school books - 2023/2024

## **Application Form**

I wish to apply for assistance towards the cost of school books for the 2023/2024 school year

Telephone Number				
Medical Card Number				
Are you receiving the back to school allowance. Please circle	Yes		NO	
Student Name				
Year going into				
Book Costs				
will receive a voucher that can Please tick the reason(s) for hardship:				
Unemployment/short-ter	m working			
Prolonged illness of a pare	ent/guardian			
Large family size with inac	dequate means			
Other family circumstance	es indicating financial	hardship		
Other relevant information: Number of children under 18 i If you have children under 18		please complete	 their detai	ls below:
School Name		What year is yo	ur child in?	

Website: www.preswex.ie

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Please detail below any other information or enclose any documents that might support your application					
	t/Guardians				
Signat Date	ture				
Date					
	Please return tl	his form to the office before 3.00pm Friday 26th May 2023			
	Form	ns received after this date will not be considered			
i omis reserved after this date will not be considered					
Any assistance provided will be in the form of a yougher issued by the school and redeemable					
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.					
		·			
All application forms & Assistance is at the discretion of the Principal & Board of Management					
	Office Use only:				
	Amount awarded:	Voucher no:			
	Date:	Signature of Principal:			