



**APPLICATION FORM FOR HARDSHIP ASSISTANCE
TO BE RETURNED FOR THE ATTENTION OF THE ASSISTANT
HEADTEACHER – MRS C GOTT**

Name of Student: _____ Form: _____

Address: _____

I would like to request assistance for: _____

To the value of: _____

Please provide details of your particular circumstances below:

Is your child eligible for free school meals – Y / N

Signed: _____ Date: _____

Relationship to student: _____

(Should you require assistance in completing this form please contact your child's Head of House or Student Support Assistant.

FOR OFFICE USE ONLY:

ASSISTANCE GRANTED: Y/N

AMOUNT OF ASSISTANCE _____

AGREED BY: _____ DATE: _____

PARENT/CARER NOTIFIED: Y/N

FINANCE OFFICE NOTIFIED: Y/N