



Lawn Primary
and Nursery School

Financial Support Application Form



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and Nursery School

I would like to request financial support for the following:

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Child's name(s)		Year Group/Class	
Parent/carer name(s)			
Contact number(s)			
Email address			
Application eligibility	In receipt of free school meals / disabilities / is or has been in care / very low family income (please circle all that apply)		

Supporting statement:

please provide additional information as to why you should be considered for financial assistance.

<i>Continue separate sheet if necessary</i>
Amount requested: £

Declaration

I declare that the information I have given in this application form is true and accurate and that I will inform the school of any changes to my financial circumstances. I understand that if I provide false or incomplete information, I will have to repay any monies awarded.

Signed Name Date

Office use only:

Date received		Date of SLT meeting	
Approved?	Yes / No	Amount awarded	£
Headteacher Signature and Date		Business Manager Signature and Date	
Parent notified by		Outcome appealed?	Yes / No