

Wyke Regis C of E Junior School

Strictly Confidential

Application for discretionary clothing allowance

Name of Parent(s)/Carer(s)

_____ Mr & Mrs/Mr/Mrs/Ms/Miss

Tel No: _____

Home Address _____ Post Code _____

Relationship to pupil(s) _____ (mother, father, carer etc)

1. Is/Are your child(ren) entitled to free school meals? YES/NO

2. Does your child(ren) receive free school meals? YES/NO

Please enter details of children for whom you wish to make a claim for a clothing allowance:

Surname	First Name	Date of Birth	Class

I certify that the information given in this application is, to the best of my knowledge and belief, correct.

Signed _____ Parent /Carer Date _____