# Request for Financial Assistance from the Governors of St Michael’s CofE Primary School

This form is designed for those parents or carers in need of financial assistance for a specific payment to the school. Once completed by the parent or carer it will be submitted to the Chair of the School Governors for approval. You will be notified of the outcome of your application in due course.

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| **Full name of pupil/s:** |  |
| **Name of payment financial assistance required for:** |  |
| **Amount requested:** |  |
| **Are you in receipt of any of the following benefits?:**  **(If yes please provide evidence)** | |
| Free School Meals | Yes/No  If No – we can check your eligibility if you provide your NI number and date of birth  NI number:  Date of birth: |
| Housing Benefit | Yes/No  (If yes, please provide evidence) |
| Council Tax Support | Yes/No  (If yes, please provide evidence) |
| Severe Disablement Allowance | Yes/No  (If yes, please provide evidence) |
| **If you are not in receipt of any of the benefits listed above, please complete the following section:**  *(As a guide for financial assistance; low income will mean less than £500 after tax per week for a family and less than £350 after tax per week for an individual).* | |
| Income Details for your family:  (Please provide evidence) | £ per month |
| Outgoings and expenses.  This might include rent, mortgage, council tax, utilities, child maintenance etc:  (Please provide evidence) | £ per month |
| **Is there any additional information you would like to provide:**  (please provide as much detail as you can) | |
| I can confirm that the information provided is accurate to the best of my knowledge and belief.  Signed:  Print Name:  Date: | |
|  |  |
| School Office Notes: |  |
| Approved Y/N: |  |
| Governor’s Signature: |  |