

APPLICATION FORM

Student Assistance

You are invited to apply for financial assistance to help fund aspects of your child's schooling. Please fill out the form below and return it to your school Principal.

My name is: _____

My address is: _____

My telephone No. is: _____

My child's name is: _____ Class: _____

The reason for my request is:

OFFICE USE ONLY

REQUEST	COST	GRANT	RECEIPT
		Order No. Cheque No.	

Signed: _____ Date: _____

PLEASE RETURN ALL OF THIS FORM TO THE SCHOOL OFFICE

PRINCIPAL'S RECOMMENDATION:

I recommend payment of this request to the amounts shown above.

Signed _____ 2nd Signatory _____