



**GARFORTH CLUSTER UNIFORM GRANT**

PARENT/CARER NAME :
STUDENT NAME :
SCHOOL & FORM/CLASS:
DATE OF BIRTH:
HOME ADDRESS:
POST CODE:
CONTACT TELEPHONE NO :

I can confirm that I am currently in receipt of Free School Meals benefit for the above named student and I wish to claim (**tick appropriate box below**) towards the cost of school uniform.

I attach the receipt for the uniform items I have purchased.

Signed ..... Print Name.....

Date .....

**£20.00 – Primary aged children in nursery to Y6**

**£25.00 – Garforth Academy students Y7 to Y11**