

BREDON HILL ACADEMY**UNIFORM GRANT APPLICATION**

Pupil Name:	
Pupil Date of Birth:	
School attended in Year 5:	
Have you applied to the Local Authority for Free School Meals for your child?	Yes/No
Parent / Guardian name:	
Parent / Guardian signature:	
Date:	
For Office Completion:	
Date Application Received:	
Confirm pupil eligible for FSM:	Yes / No
Application approved:	Yes / No
Payment Amount (£):	
Cheque Number:	
Payment Date:	
Staff Signature:	

