## VOICE



## **REFERRAL FOR FINANCIAL SUPPORT FROM SCHOOL**

ASSISTANCE REQUIRED WITH (please indicate with a X)

Please complete the information below and return this form to Reception via email <u>RBA-</u> <u>Enquiries@bestacademies.org.uk</u> or by post, or just drop it into reception. Support is for pupils who receive the Pupil Premium Funding or families who encounter financial hardship.

DATE OF REFERRAL	
PARENT/CARERS NAME	
PUPIL'S NAME	
FORM GROUP	

ASSISTANCE REQUIRED W	IIH (please ind	licate with a X)	
UNIFORM		SCHOOL TRIP ASSISTA	NCE
EQUIPMENT FOR SCHOOL		TRANSPORT SUPPORT	
BOOKS AND RESOURCES		OTHER	
UNIFORM REQUEST (please	e indicate size	and quantity, up to a maxi	mum of £75 per
pupil)			
SWEATSHIRT		TROUSERS	
SKIRT		PE TOP	
RUGBY SHIRT		PE SKORT	
PE SHORTS		PE SOCKS	
TIE		POLO SHIRT	
SHOES		OTHER	
SCHOOL TRIP ASISTANCE	(It is unlikely the	ne full cost of the trip will l	be met)
Name of the trip			
Total cost of the trip			
EQUIPMENT FOR SCHOOL	(for example, s	tationary, revision books,	internet support)
TRANSPORT ASSITANCE (i	its is unlikely t	be full cost of transport wil	ll he met)
SCHOOL BUS ROUTE	to io unincery d		
OTHER			
OTTER			
	E		
PARENT/CARER SIGNATUR	E		.****
PARENT/CARER SIGNATUR			₽₽₽₽₽ BEST

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