Spoore Merry & Rixman Foundation



Application form for School Uniform

To be Completed by Parents or Guardians

Please answer all the questions

When completed return form (with a stamped addressed envelope) to:

CLERK TO THE TRUSTEES
(Spoore Merry & Rixman Foundation)
PO Box 4787,
Maidenhead,
Berkshire SL60 1JA
Tel. 020 3286 8300

Spoore Merry & Rixman Foundation



School Uniform Application Form

Name	e of Parent or Gu	ardian:			
Address of Family:					
				Post Code:	
Email	Address:				
Paren	nt/Guardian Natio	nal Insurance Nur	nber:		
1.	Have you receiv	ved a school unifo	rm grant before?	Yes □	No 🗆
2.	School attended	d by child:			Primary Schoo
				S	econdary Schoo
3.	Names of children in family and ages:				
	Name		Age in years	School Attended	
4.	Total combined weekly income of parents: Approx €				
5.	Please state what benefits you receive:				

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6.	Your application must be supported by a letter from a Health Visitor		
	or Social Worker		
	or Head Teacher		
	or Citizens Advice Bureau Representative		
	or Open Kitchen		
	Stating that he/she is aware of your family and financial situation.		
	e attach to this application form a LIST OF UNIFORM required complete with the price for tem and total.		
Signat	ure of Parent or Guardian:		
Date:			