**SCHOOL**

**School Year**

**Welfare Committee**

Dear parents/guardians,

This form should be completed and returned IMMEDIATELY to the Class Head-Teacher.

Name of student: ……………………………………………………………. Class:…………

Father's Name:………………………………… Phone Number:…………………

Home Address:………………………………………………………… …………………

Father's Occupation:.................................................................

Mother's Name:…………………………………… Phone Number:……………..

Home Address:…………………………………………………………………………….

Mother's Occupation:………………………………………………………………………...

Marital status Unmarried/Married/Divorced

Number of Children:………………………………

Signature of parent or guardian: ……………………………. Date: ………………………

This document will be used **confidentially by** the Welfare Committee in order to locate the most deprived students of our school. The aim of the School is the financial support of all deprived students. Special requests will be accepted when there is reliable information that the family is experiencing **serious financial difficulties.**

Families that meet at least one of the following criteria must bring to school the **appropriate official documentation** certifying the serious financial problem. Certificates must be **recent (…………………. Year)** and delivered to the School Counsellor by **………………………… (date).** Without the above certificates, students will not be able to receive any financial assistance.

**The criteria for the selection of eligible students are:**

1. **Parents or students receiving Public Assistance**
2. **Beneficiaries of the Minimum Guaranteed Income (MGI)**
3. **Unemployed Parents or single-parent or large families with severe financial difficulties**
4. **Orphaned students who face financial difficulties**

**FROM THE SCHOOL MANAGEMENT Date:**