

**Referral Form**

**Parent’s Name**

**Email**

**Parent’s Tel. No.**

**Childs Name**

**Family Address**

**incl postcode**

**Childs School Age & DOB**

**Referrer’s Name**

**Referrer’s Tel. No.**

**Reason for Referral**

**Please explain how**

**the family/child will**

**benefit from support**

**from Moray School**

**Bank.**

**Tick to confirm you are aware of the family’s financial income/expenditure**

**Tick to confirm that you have discussed this referral with the parent and**

**they have consented to their contact details being passed to Moray**

**School Bank.**

***All clothes requirements, sizes etc will be discussed with the family directly***

***Referrers please only complete page 1***

***TO BE COMPLETED BY MORAY SCHOOL BANK ONLY***

Child name Ref

Child age Sex

Items required size/detail

***For Office use only***

***CH***

***AD***

***AW***

***SB***

***FSM***

***CG***

Skirt

Pinafore

Trousers

Polo shirt

Shirt

Blouse

Cardigan

Jumper

Socks

Tights

Underpants

Vests

Shoes

Gym shoes

Gym t-shirt

Shorts

Leggings

Jog trousers

School Bag

Pencil case

Lunch box

Water bottle

Jacket

***Ref received Referral Actioned***

***Ref completed Referral Closed***