CONFIDENTIAL

Denefield School Financial Assistance for School Visits Application Form



Financial assistance is available to parents / carers of students who meet the criteria set out in section 3 of this form. Assistance will be provided as follows. Please refer to our Charging and Remissions policy on the school website for more information. Financial assistance will be limited to one day visit and one residential visit per academic year.

Visit Max financial assistance

One day-trip 100% of the cost

Year 7 July residential visit 100% subsidy of the cost All other UK residential visits 80% subsidy of the cost

All overseas residential visits 60% subsidy of the cost up to a maximum value of £700

The school reserves the right to cancel the visit if there are insufficient funds to cover the cost. All information will be treated in confidence. If you would prefer to speak to a member of staff please contact the visit leader.

Section 1: Young person details					
Surname First name					
Tutor group Year group					
Section 2: Visit details					
Visit name					
Date of visit Trip leader					
Cost of visit f Amount being being paid f Claimed for					
Have you claimed financial assistance for any other visit Yes No this academic year?					
If yes, which visits have you claimed for?					
Section 3: Reason for claim					
Student is registered of free school meals In receipt of 16-19 bursary					
Student is registered as pupil premium for one of the following reasons? • in receipt of free school meals at any time in the last six years • in care at any time in the last six years has a parent / carer in the armed forces					

Section 4: Parent / carer details						
Parent / carer	Mr / Mrs / Ms / Other	.	elationship to oung person			
First name		Surnam	e			
Contact phone number		Ema	ail			
Section 5: Parent / carer declaration						
I confirm that the information given on this application form is, to the best of my knowledge, true and correct. I undertake to inform Denefield School of any changes to my circumstances that affect the information provided in this form. I consent to Denefield School using the information I have provided to process my claim and to contact						
other sources as allowed by the law to verify my eligibility for assistance.						
Signature of applicar	t		Date			
Section 6: For office use only						
Date checked Application Y/N	Application y/N	Checked by				
Application Y / N complete	Application Y/N approved	Approved by				
			Amount agree	d £		

Please email the completed form to the Finance Office at finance@denefield.org.uk