



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% subsidy of the cost
All residential visits	50% subsidy of the cost
Maximum subsidy per visit	£400

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	<input type="text"/>	First name	<input type="text"/>
Tutor group	<input type="text"/>	Year group	<input type="text"/>

Section 2: Visit details

Visit name	<input type="text"/>		
Date of visit	<input type="text"/>	Trip leader	<input type="text"/>
Cost of visit	£ <input type="text"/>	Amount being paid	£ <input type="text"/>
		Amount being claimed for	£ <input type="text"/>
Have you claimed financial assistance for any other visit this academic year?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which visits have you claimed for?			
<input type="text"/>			

Section 3: Reason for claim

Student is registered for free school meals	<input type="checkbox"/>		
Student is registered as pupil premium for one of the following reasons?	<input type="checkbox"/>	Other reason <i>(please give details below)</i>	<input type="checkbox"/>
<ul style="list-style-type: none">• 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			
<input type="text"/>			

Section 4: Parent / carer details

Parent / carer	Mr / Mrs / Ms / Other ____	Relationship to young person	
First name		Surname	
Contact phone number		Email	

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 applicant		Date	
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Section 6: For office use only

Date checked		Checked by	
Application complete	Y / N	Application approved	Y / N
		Approved by	
		Amount agreed	£

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