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, subject to receipt of a completed Financial Assistance form. 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
Residential visits	50% subsidy of the cost
Year 7 Residential visit	75% 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 | **First name**

Tutor group | **Year group**

Section 2: Visit details

Visit name

Date of visit | **Trip leader**

Cost of visit £ | **Amount being paid** £ | **Amount being claimed for** £

Have you claimed financial assistance for any other visit this academic year? **Yes** ☐ **No** ☐

If yes, which visits have you claimed for?

Section 3: Reason for claim

Student is registered for free school meals ☐

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

Other reason *(please give details below)* ☐

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**	

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