



Application for Financial Support for Trip

Trip for which the application is being made:

| | | |
|-------------------------------|---|---|
| Faculty/Dept organising Trip: | Details to be completed by Teacher: • Essential to Course: GCSE / AS / A2 • Desirable for Course: GCSE / AS / A2 • Desirable for Curriculum Subject: • Not essential for Curriculum Subject: | ✓ |
| Teacher in charge of Trip: | | |
| Trip to: | | |
| Date(s) of Trip: | | |
| Total Cost of Trip: £ | | |

Details of Parent(s)/Guardian(s)

| | |
|------------------------|------------------------|
| Title: Mr /Mrs/Ms/Miss | Title: Mr /Mrs/Ms/Miss |
| Surname: | Surname: |
| First Name(s) | First Name(s) |
| Relationship to Child: | Relationship to Child: |
| Address: | Address: |
| | |
| Postcode | Postcode |
| Tel. No. | Tel. No. |

Details of Child for whom this application is made

| Surname | First Name(s) | Date of Birth | Male / Female | Form | Teacher's Name |
|---------|---------------|---------------|---------------|------|----------------|
| | | | | | |

Income Support/Family Credit/Working Tax Credit/Child Tax Credit/Widows Pension Details

| | | |
|--|-----------------------|--------------------------|
| Are you in receipt of one or more of the above? YES / NO | If YES, please state: | <i>Checked by School</i> |
| DWP Office & Reference number: | | |

Financial Assistance requested

| | |
|--|---|
| a) I / We would like to pay by: weekly / monthly instalments of £..... to be paid by (date) | ✓ |
| b) I / We can afford to pay £..... towards the trip cost | |
| c) I / We can afford to pay £..... towards the trip cost at present and would be able to repay £.....to the school by (date) | |

Declaration

I / We declare that the information given on this form is correct to the best of my/our knowledge.

I / We understand that it is an offence to give false information or withhold information and I / we undertake to notify East Barnet School of any change in my/our financial circumstances.

| | | |
|-------|---------|-------|
| Name: | Signed: | Date: |
| Name: | Signed: | Date: |

For completion by East Barnet School:

| | | |
|---|---|--|
| Check Free School Meal/Pupil Pupil Entitlement <input type="checkbox"/> Expiry date | | |
| Financial Assistance agreed <input type="checkbox"/> Amount Agreed £ | Authorised by Headteacher | |
| Financial Assistance declined <input type="checkbox"/> Reason | Signed: Date: | |
| Update Trip & Financial Assistance Spreadsheets <input type="checkbox"/> | Write to Parent/Guardian <input type="checkbox"/> | Journal P/Prem to Trip / Adjust P/Pay <input type="checkbox"/> |