





Part 1: Personal Deta	ils			
Student Name:			Form:	
Address:				
Post Code:		Telephone Number:		
Part 2: Request for Grant				
Total Cost of Trip				
Amount of Assistance Requested: (50% of total cost up to a maximum of £50 per year)				
THIS AMOUNT WILL BE TRANSFERRED AUTOMATICALLY TO REDUCE THE BALANCE OWING ON THE TRIP				
REDUCE THE BALANCE OWING ON THE TRI				
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Part 3: On what basis are you applying for financial assistance? (please tick appropriate box)				
You are in receipt of free School meals or meet the following Pupil				
Priemium criteria.				
1. Currently, or have been, entitled to free school meals at any point over the past 6 years.				
2. Are in local authority care or adopted from local authority care.				
3. 3. Have at least one parent working for the Armed Services or have had at some point in the past 4 years.				
had at some point in the past 1 years.				
Part 4: Declaration				
I certify that all of the information I have provided above is correct.				
Signature:				
Print name:				
Date:				
Part 5: Finance use only				
Authorised by:	,	A	AHT of KS3 or AH	T KS4
ECM Status			inance	
FSM Status checked:			-mance	
			_	
Amount:	£	[	Date:	