





Part 1: Personal Deta	nils			
Student Name:			Form:	
Address:			1	
D . C .				
Post Code:		Telephone Number:		
Part 2: Request for G	Frant			
Total Cost of Trip -				
Amount of Assistance R (50% of total cost up to	BE TRANSF	ERRED AUTOMATIC	ALLY TO	
REDUCE THE BALANG	SE OWING (ON THE TRIP		
Part 3: On what basi appropriate box)	s are you ap	oplying for financial	assistance? (pleas	se tick
You are in receipt of free School meals or meet the following Pupil Premium 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.				
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Part 4: Declaration				
I certify that all of the	information	n I have provided abo	ve is correct.	
Signature:				
Print name:				
Date:				
Part 5: Finance use of	nly			
Authorised by:		A	AHT of KS3 or AH	T KS4
FSM Status checked:		F	inance	
Amount:	£	1	Date:	