## **APPLICATION FOR FINANCIAL SUPPORT FOR SCHOOL ACTIVITIES**

Student Name and Tutor	Tutor Group:
Group	
Please give details of the	
activity including date and	
cost.	
cost.	
In what ways would your	
In what ways would your	
daughter gain from this	
activity?	
Are you entitled to Free	
School Meals?	
Are you a Service family?	
Do you receive any	
monetary benefits, eg	
Income Support?	
If so, please give details.	
Are you able to contribute	
something towards the	
cost of the activity?	
If so, how much?	
Contact details including	
telephone number/email	
address if you have one.	
address if you have one.	
Name of Parent/Carer	
Name of Farenty Caref	
Signature	
0.8.14.44.	
(Parent/Carer)	
Date of Application	
Please return this form to Mrs White, Student Achievement Manager, St Edmund's School	
For office use only:	
Eligibility	Decision

Date