Trip & Visit
Financial Support
Application Form

Student Name	
Tutor Group	
Parent Name	
Date	

Please use this form to apply for financial support for your child's trip/ visit. All information provided will be treated with the strictest confidence.

The deadline for submitting your application to is .

You will be notified of the outcome shortly after submitting.

Activity & Parental Contribution

Name of Activity	Cost of Activity	Parental contribution offered towards the cost of the activity
		£

Additional Supporting Information

Please use this space to provide any other relevant information you would like to share to help us make a decision on your request for financial support.

Please sign and date below

Parent/Carer		**Date:**

OFFICE USE ONLY

PP		FSM		APPROVED		REASON CODE	AMOUNT APPROVED	PARENT INFORMED
YES		YES		YES			£	
NO		NO		NO				

C.Foster (Deputy Headteacher)		Date: