



BENJAMIN BRITTEN SCHOOL

Application for Remission from Charges/School Uniform Support

Name of Student:	
Activity/funding required for:	
Total Cost:	
Reason for application/ circumstances: <i>(Please give details of benefits currently received)</i>	
Does your child currently receive free school meals?	YES/NO (please circle)
Name of Parent/Carer:	
Signature of Parent/Carer:	
Date:	

TO BE COMPLETED BY THE SCHOOL	
Granted/Not Granted	
Amount and breakdown of subsidy granted:	Approved by:
Time given to pay:	Date:
Distribution List	
Finance Office:	Assistant Head of Year:
Trips Co-Ordinator:	Director of Pupil Premium: