

ST PAUL'S CE PRIMARY SCHOOL

Request for Financial Assistance with Trip/Activity Payment.

Child's Name..... Class.....

Trip/Activity.....

Cost £.....Amount able to pay £.....if applicable

If you are in receipt of any of the following benefits please tick

- Child Tax Credit (please state annual household income) £
- Income Support
- Income Based Job Seekers Allowance
- Asylum Seeker's Allowance
- Guaranteed Pension Credit
- Income Related Employment Support Allowance
- Working Tax Credit (please state annual household income) £

The school may require proof of income – we will contact you if this is required.

Please provide a daytime telephone number so that we can contact you.

NameTel.....

Signed..... Date.....

Please return to the school office with the trip permission slip.