

Please print and use black ink to complete this form



For office use
LAF24/25-00

Confidential
THE LAWRENCE ATWELL FUND
(Academic Year 2024-25)

Student Name

Form..... DOB

Address

.....Postcode

Email Address

Parent/Guardian

Address if different

.....

a) Evidence provided as support

- Job Seekers Allowance Tax Credits Working Tax Credits Income Support
- Disability Living Allowance Guaranteed Pension Credit Self Employed (income of less than £30k)

b) Application for support for:

School Meals – *(amount will be calculated by the Finance Manager)*

£ _____

Travel to School – *(please provide details of transport costs)*

£ _____

Trips /Extra Curricular Activities *(Please provide name of trip or activity)*

.....

.....

£ _____

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Uniform Costs – **Max £250** (please list all items purchased and enclose receipts/evidence of costs)

Books/Equipment/Stationery **Max £100**

£ _____

Bursary top up (6th form School Bursary Students only)

£ will be complete by Finance Dept

I accept that it is my responsibility to notify the school immediately of any change in our financial or living circumstances which may result in us no longer being eligible for support. I understand that to make a false claim will result in the funds being claimed back by the school.

Name (please print)

Signature Date

GDPR Consent:

By signing this form, you are agreeing to the school using the above data to assess your application and if successful make payments to you/ on your behalf. This form and associated paperwork will be shredded three years after your child leaves the school. If you have any concerns regarding this please do advise The School Business Manager, Mrs Hilary Goldsmith.

Signed (parent)..... Date.....

Signed (student)..... Date.....

Bank Details for payment:

Name of Bank/Building Society

Branch

Account Holders Name

Account Number Sort Code

For Office Use Only:

Form checked by

Support Granted £ Details

Approved by Date Approved