

For office use

LAF18/19-00

Confidential THE LAWENCE ATWELL FUND

(Academic Year 2018-19)

Student Name			
Address	Ctudent Name		
Address			
Email Address	Form	DOB	
Postcode	Address		
Email Address			
Parent/Guardian		Postcode	
Address if different	Email Address		
a) Evidence provided as support Job Seekers Allowance	Parent/Guardian		
a) Evidence provided as support Job Seekers Allowance	Address if different		
□ Job Seekers Allowance □ Tax Credits □ Working Tax Credits □ Income Support □ Disability Living Allowance □ Guaranteed Pension Credit □ Self Employed (income of less than £3 b) Application for support for: □ School Meals - (£2.40 per day) (will be calculated by the Finance Office) □ Trips /Extra Curricular Activities (Please provide name of trip or activity) _ £			
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Trips /Extra Curricular Activities (Please provide name of trip or activity)	by Application for Support for.		
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£	School Meals - (L2.40 per day) (will be calculate	tad by the Finance Office)	
£			
	☐ Trips /Extra Curricular Activities (Please provid	£	
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	☐ Trips /Extra Curricular Activities (Please provid	£	
□ Uniform Costs − Max £250 (please list all items purchased and enclose receipts/evidence of costs)	☐ Trips /Extra Curricular Activities (Please provid	£	
	□ Trips /Extra Curricular Activities (Please provid	£	
		£	
		£	
t		£	

Please print and use black ink to complete this form

Books/Equipment/Stationery Max £100		
	£	
Bursary top up (6 th form School Bursary Students only)		
	£	
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. 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 Mrs Morey.		
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	