

Appendix 1

REQUEST FOR REMISSION OF CHARGES

Pupil Name:.....

School:

Year/Class:.....

Activity Details:.....

Date of activity:.....

I confirm that the above named pupil is in receipt of free school meals: **Yes/No** (delete as appropriate)

I confirm that I am in receipt of one the following benefits: **Yes/No** (delete as appropriate)

- Universal Credit
- Income Support
- Income Based Jobseekers Allowance
- support under part VI of the Immigration and Asylum Act 1999;
- Child Tax Credit, provided that they do not also receive Working Tax Credit **and** have an annual income assessed by the Inland Revenue that does not exceed an income related employment and support allowance
- the guarantee element of State Pension Credit;
- an income related employment and support allowance that was introduced on 27 October 2008.

Please write which benefit(s) here and provide evidence:.....

.....

I confirm that the above details are correct

Parent/Carer signature:.....

Date:.....

Office use only: CERTIFICATION

Free meals review date:Evidence sighted and copied:.....

Headteacher/delegated authority signature:

..... Date

Full remission..... Partial remission (please specify).....