



Trust Fund Application Form

Student's Name	Tutor Group:
Parent's Name:	Parent email address:
Event and Date:	Cost of Event

Please ensure the following boxes are completed, you have signed and indicated your contribution

I can confirm that I receive universal tax credits. (Please provide evidence)		<input type="checkbox"/>
I confirm that my child is on the Free School Meals Register		<input type="checkbox"/>
Please describe any other circumstances you wish to be taken into consideration.		
Have you had any previous support from the pupil premium support		Y / N
Parental contribution:		
Parent's signature:	Date:	

Office use only

LVC Pupil premium support to Pay:	
Date:	Signature:
Parental contribution paid Y/N	Comments