



Application for Remission from Charges

Date:	Name of Student:
Name of Parent/Carer:	Signature of Parent/Carer: Date:
Activity/Funding required for:	Total Cost:
Reason for application/circumstances: (please give details of benefits currently received)	

To be completed by the school	
Granted/Not granted (delete as applicable)	
Amount and breakdown of subsidy granted:	Approved by:
Time given to pay (if Applicable):	Date:
Can this be funded from 'Dawson Fowler'?	Other funding?
Distribution List	
Finance Office:	Student Support
	Other: