



## Supporting Achievement Fund Application Form

To be returned for the attention of the Finance Officer

<b>Name of Student:</b>		<b>Form Group:</b>	
<b>Address:</b>			
<b>I would like to request assistance for (title of visit):</b>			
<b>I am able to contribute to the value of:</b>			
<b>Please provide details of your particular circumstances below. (We will be unable to agree your application unless detailed information is provided):</b>			
<b>Is your child eligible for free school means: (Please circle)</b>	<b>Yes/No</b>		
<b>Signed:</b>		<b>Relationship to student:</b>	
<i>Should you require assistance in completing this form, please contact a member of your child's year group team.</i>			

.....  
**For Office Use Only:**

<b>Attendance?</b>	<b>%</b>	<i>Type of trip (tick as appropriate):</i> a) Requirement of specification/non-residential b) Requirement of specification/residential c) No requirement of specification
<b>In receipt of FSM?</b>	<b>YES/NO</b>	
<b>PP?</b>	<b>YES/NO</b>	
<b>CLA?</b>	<b>YES/NO</b>	
<b>Student's engagement</b>		

Student's engagement with curriculum area (to be completed by subject teacher):			
<b>Previous SAF assistance:</b>	<b>£</b>	<b>For:</b>	
<b>Assistance granted:</b>	<b>Yes/No</b>	<b>No comments</b>	
<b>Amount of assistance:</b>	<b>£</b>	<b>Agreed by:</b>	
			<b>Date:</b>

**Principal's Signature** ..... **Date:** .....

**Parent/Carer Notified: Yes/No**

**Application Completed: Yes/No**