**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)……………………………..