



CHARGING AND REMISSIONS POLICY

appendix 1: request for waiver of payment

Related policy (if appropriate):

Charging and Remissions Policy

Pupil Name :

Year/Class:

Visit Details:

Date of visit:

Entitlement details :

Free school meals: Yes/No

Other :

Any other comments :

I confirm that the above details are correct

Parent/Guardian signature _____ Date _____

Office use only

CERTIFICATION

Head's signature _____ Date _____

Free meals authorisation number: