



Aylesbury Music Centre

APPLICATION FOR PART REMISSION FROM CENTRE FEES

Please read this form carefully before completion

No student is refused membership of the Music Centre where a parent or guardian is experiencing financial hardship. However, we would ask you to make a contribution towards the fees that you can realistically afford applying for part remission only.

When completed, the form should be posted to:

Mrs Suzanne Hopkins, Aylesbury Music Centre, Walton Road, Aylesbury, Bucks. HP21 7ST

If you have any queries or wish to discuss please call – 01296 383596

Please note that **Fees Remission Forms** need to be requested on a **termly** basis.

Please submit **ALL** supporting documentation which application **termly**.

Term for which Part Remission of fees is being requested:

Spring / Summer / Autumn Term 20____ (please delete/complete as appropriate)

Application for Part Remission.

Please indicate the sum you are able to contribute towards the fees this term: £_____.

Please enclose this sum with your application (cheque payable to Bucks County Council) Thank you.

Student Name(s) _____

Parent/Guardian's Name: _____ *please use CAPITALS*

Address: _____

Post Code: _____

Tel: _____

Income Support

Ref. number _____

Income-based job seekers allowance

Ref. number _____

Employment & support allowance

Ref. number _____

I am not receiving any of the above benefits, but am applying for part remission of fees for the following reason(s):

.....

Signed: _____ (Parent/Guardian)

Dated: _____

It is an offence to make a false statement on this application.

For Office Use:

Approved / Not Approved

Head of Centre (signed):

Dated: