



BUCKINGHAMSHIRE MUSIC SERVICE  
**Amersham Music Centre**



**APPLICATION for PART or FULL 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, except in exceptional circumstances, 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:  
*Mr Simon Salisbury, Area Headteacher, Amersham Music Centre, Mitchell Walk,  
Amersham HP6 6NW*

If you have any queries or wish to discuss please call – 01494 586530

Please note that fees-remission needs to be requested on a termly basis.

**Term for which Fees-remission is being requested:**

**\*Spring / Summer / Autumn term 201\_\_** (\* please delete/complete as appropriate)

**Application for FULL Remission. (Exceptional Circumstances Only)**

**Application for PART Remission.**

Please indicate the sum you feel able to contribute towards the fees this term: £\_\_\_\_\_.  
Please enclose this sum with your application (cheque payable to Bucks CC) Thank you.

**Student's Name** \_\_\_\_\_

*if applying for remission on behalf of more than one child, please name additional child/children below*

**Parent/Guardian's Name** \_\_\_\_\_ *please use CAPITALS*

**Address** \_\_\_\_\_

**Post Code** \_\_\_\_\_

**Tel** \_\_\_\_\_

**Income Support** Ref. number \_\_\_\_\_

**Income-based job seekers allowance** Ref. number \_\_\_\_\_

**Disability working allowance** Ref. number \_\_\_\_\_

**I am not receiving any of the above benefits, but am applying for fees-remission for the following reason:**

.....  
.....

Signed \_\_\_\_\_ parent/guardian Dated \_\_\_\_\_

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

**For Office use:**

Approved / Not Approved

Area Headteacher (signed) .....

Dated .....