



# THE BRITISH SCHOOL OF PARIS

## Application for Fee Assistance

This form should be returned to the Headmaster, The British School of Paris, 38 quai de l'Ecluse, 78290 Croissy sur Seine together with the following supporting documents:

- A certificate from the employer stating the amount of the school fee subsidy or confirming the absence of any such subsidy.
- A copy of the latest income tax return.

Applications for Fee Assistance are renewable on a termly basis. To renew an application please apply in writing to the Headmaster. The grant of any such award is at the Headmaster's discretion.

### 1 Details of child(ren) for whom the Assistance is sought

Surname	First	Date of Birth
.....	.....	.....
.....	.....	.....

### 2 Applicant's details

	Father/Guardian	Mother/Guardian
Surname:	.....	.....
First name:	.....	.....
Address:	.....	.....
	.....	.....
Relationship to pupil(s):	.....	.....
Nationality:	.....	.....
E-mail:	.....	.....

### 3 Taxable income *Please enter below your current earnings and expected income from all sources worldwide for the above academic year*

	Father in €	Mother in €
Gross Salary and other similar earnings <i>(including all taxable emoluments)</i>	<input type="text"/>	<input type="text"/>
Profits from business undertakings or other professional income	<input type="text"/>	<input type="text"/>
Company/State Pension or other form of pension, etc	<input type="text"/>	<input type="text"/>
Gross investment income from dividends, interest payments received, rental income including ground rents, etc	<input type="text"/>	<input type="text"/>
Government allowances/Social Security income	<input type="text"/>	<input type="text"/>
Any other income <i>(please give details)</i>	<input type="text"/>	<input type="text"/>

### 4 Non-taxable income

Total value of all financial assistance provided by employer (including benefits in kind eg housing)	<input type="text"/>	<input type="text"/>
Declared value of house <i>(if owned)</i>	<input type="text"/>	<input type="text"/>
Child Allowances	<input type="text"/>	<input type="text"/>
Any other non-taxable income <i>(please give details)</i>	<input type="text"/>	<input type="text"/>

### 5 Outgoings

Tax payable on income declared in Section 3 above <i>(including tax deducted at source)</i>	<input type="text"/>	<input type="text"/>
Mortgage interest <i>(state interest only and not capital repayments)</i>	<input type="text"/>	<input type="text"/>
Any other interest payable <i>(please specify)</i>	<input type="text"/>	<input type="text"/>

**6 Capital Assets**

Approximate value of all investments

Father in €	Mother in €
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Insured value of house (if owned)

Insured value of house contents

Insured value of other belongings including cars

Total value of savings from all sources

Approximate value of any other assets (please specify) including the surrender value of Life and Endowment Insurance Policies

**7 Capital Liabilities** Please give details of any capital owed against the assets declared in Section 6

Mortgage - capital outstanding

Bank Overdrafts

Other loans

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**8 Dependent Children** Include the child to whom this application refers. If more than 4 children, give detail on a separate sheet.

	①	②	③	④
① First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
② Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
③ Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
④ School or College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
⑤ Boarding or Day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
⑥ Annual school or other educational fees (excluding all extras)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
⑦ Compulsory additional school charges	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
⑧ Amount of fees shown in ⑥ covered by the school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scholarship, Bursary or allowances given by school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Capital payments made by applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Capital payment made by other persons	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LEA Grant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Services/Company Allowances (gross) (state whether the sum has been included in gross salary at 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contributions from Educational Insurance Policies (show amount per annum)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assistance from any other source e.g. Grandparents, trusts, settlements, etc	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
⑨ Annual income of child (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**9 Other dependants** (Please give details)

**10 Any other relevant information**

**Declaration**

I hereby declare that the information contained in this form is complete and accurate. I undertake to renew this statement termly and to report any change in my financial situation as it occurs.

Date \_\_\_\_\_  
Signature \_\_\_\_\_