



Longsands Sixth Form

16-19 Bursary Fund Agreement

NAME OF STUDENT:

TUTOR GROUP:

SUBJECT TITLES AND LEVEL:

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- I understand that Longsands Sixth Form will monitor my attendance and punctuality at all lessons, registrations, assemblies and other required sessions and that any award is dependent upon satisfying the Academy requirements for attendance.
- I understand that I must abide by the rules of the bursary scheme and that if I do not, my bursary status will be subject to a review.

Signed: [Student]

Signed: [Head of Year]

Date: