

Sixth Form Student Services Manager:

## **COLLINGWOOD COLLEGE 16-19 BURSARY AGREEMENT 2023-2024**

Date:

Student's Name:		Date of Birth:
Personal Tutor:		Form:
Ву	signing this form, I agree to the following:	
1.	I have read and fully understood the information contained in the Sixth Form Policies and Procedures Booklet and the Bursary Fund Guidance Notes.	
2.	I understand that my Bursary will be stopped immediately should my attendance fall below 80% and I will be required to attend an attendance panel review should my attendance fall below 90%.	
2.	I will attend all classes, including seminars and tutorials on my timetable.	
3.	If my hours of study fall below 24 in the 2-week cycle, I will no longer be eligible for bursary funding.	
4.	If I am absent from College, my parent/carer will telephone the 6th Form Absence Line by 10am each day.	
5.	I will provide an Authorised Activity Absence Form (in advance of any absences) signed by my Personal Tutor with the appropriate evidence to cover absences.	
6.	I understand that I will only receive payments for authorised absences as outlined in these Policies and Procedures.	
7.	It is my responsibility to ensure that the Sixth Form Services Administrator is provided with proof of reasons for ALL my absences from College.	
8.	I understand that if my Subject Tutor is absent it is my responsibility to ensure I am registered for the lesson.	
9.	It is my responsibility to access and respond to any emails received relating to my bursary award.	
10.	. I understand that if I forge a parent/carer or Tutor's signature or telephone the College professing to be some else, it may result in my bursary funding being stopped and College disciplinary action will be taken.	
12.	I understand that if I leave before the completion of a course, I grant.	may be required to repay all or part of the
	ave read the above and agree to the terms and condition derstand that in order to receive my bursary, I must attend a	
St	udent's Signature:	Date: