 **Request form for Pupil Premium funding**

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| **Student Name:** | **Year:** |
|  | **House:** |
| **Date of request:** | **Boarder/Day:** |

|  |  |  |
| --- | --- | --- |
| **Item(s) being requested**  (please include links for online purchases) | **Cost of items**  **£** | **Expected impact for son/daughter on their educational progress** |
|  |  |  |
| **Signed by Parent/Guardian:** | | |

For office use:

|  |  |
| --- | --- |
| **Received on date:** | **Rationale for decision** |
| **Agree to PP payment: Yes / No** |  |
| **Signed by J Edmunds-Grezio:** |