

**Pupil Premium Plus Funding Request Form**

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| Childs full name | Class | Term  |
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| --- | --- | --- |
| Paid tuition or club | Cost – please state if this is to be paid to parent or direct to club | Additional £1 Teacher led club |
|  |  |  |
|  |  |  |

Parent Name: ……………………………………………………Date: ……………………………………..

Parent signature: ……………………………………………………………………………………………...

Designated LAC Teacher signature……………………………………………………Date: ……………..

SLT member signature……………………………………………………Date: ……………………………

**For office use only**

|  |  |  |
| --- | --- | --- |
| Date agreement received by office  | Payment made  | Confirmation to family |
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