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| **BUSHEY MEADS SCHOOL****Request for support from the Pupil Premium Funding** |

The Head of Bushey Meads School has established a fund to assist students who are in receipt of Free School Meals. The fund has been set up to enable students to participate in curriculum-based activities which have a financial implication. It will, exceptionally, also consider providing some assistance where purchases of essential school uniform and equipment are required.

It is intended that the request for the fund will be administered by the Head Teacher on completion of the form below. Assistance will normally be limited to a percentage of the total cost of the activity/item and parents/carers will be expected to state the contribution that they will make towards the cost of the request. All matters will be dealt with in the strictest confidence and on its individual merits.

**I wish to be considered for the following assistance:**

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|  Family Name: …………………………………………………………………… Initials: ………………..(Mr/Mrs/Miss/Ms)Name of Child: …………………………………………………………………. Form: ………………………………………Address: ………………………………………………………………………………………………………………………….. …………………………………………………………………………………………………………………………. ………………………………………………………………………………………………………………………….Email: ……………………………………………………………………………………………………………………………..Telephone: ………………………………………………………………………………………………………………………. |

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|  ***Assistance with School Activity/Trip***Activity/Trip: ………………………………………………………………………………………………………………….Date: ……………………………………………………………………………………………………………………………….Total Cost of Activity/Trip: ………………………………………………………………………………………………….Level of Assistance requested: Percentage: ……..% Amount: £ ……….Level of Parent/Carer contribution: Percentage: ………% Amount: £ ……… |

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| ***Assistance with School Uniform***Item(s) of Uniform required: ……………………………………………………………………………………………………Total Cost of Item(s): …………………………………………………………………………………………………………….Level of Assistance requested: Percentage: ……..% Amount: £ ………. Level of Parent/Carer contribution: Percentage: ………% Amount: £ ……… |

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| ***Assistance with other Requests***Item(s) required: ………………………………………………….………………………………………………………………Total Cost of Item(s): …………………………………………………………………………………………………………….Level of Assistance requested: Percentage: ……..% Amount: £ ………. Level of Parent/Carer contribution: Percentage: ………% Amount: £ ……… |

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| ***Please give an explanation, in the space below, detailing why you are seeking assistance:******Have you requested assistance before? If so please give details:*** |
| Parent’s/Carer’s Signature: ………………………… …………Parent’s/Carer’s Name: .…………………………………..Date: ………………………………………………………………………. |
| Headteacher: **approved** / **declined** Signature……………………… Date: ……………………………………………. |
| **Finance**Parent’s advised: ……………………………………………………………. Date: ………………………………………………..Trip Administrator/HOKS advised: (Name staff) ……………………………Date: ………………………………………………. |
| Copied to Pupil Premium Coordinator: ……………………………………. Date: ……………………………………………… Further Action from PP Co:…………………………………………………………………………………………………………… |

***\*\*\* Please return to the Finance Department \*\*\****