



THOMAS ALLEYNE'S HIGH SCHOOL
UTTOXETER

THOMAS ALLEYNE'S HIGH SHOOOL

PUPIL PREMIUM FUNDING REQUEST FORM

NAME OF PUPIL:

AMOUNT OF FUNDING REQUESTED:

TOTAL COST OF ACTIVITY/TRIP/ETC.

PURPOSE OF FUNDING:

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BENEFIT TO PUPIL:

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NAME OF PARENT:

SIGNATURE:

DATE:

OFFICE USE ONLY

Authorised: Y/N

Signature

Date.....

Position