**PUPIL PREMIUM VOUCHER APPLICATION FORM**

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| **Please complete the following details in full** | | |
| **Child’s name** |  | **Class:** |
| **Parent Name** |  | |
| **Parent Telephone No.** |  | |
| **Details of claim** | | |
| **What would you like to purchase to support your child’s learning?**  **Uniform**  **(Please note – orders for uniform will be purchased at the beginning of the term after your request has been approved )** |  | |
| **Please tick how you would like to proceed with payment/ordering.** | 1. Bring in a receipt/invoice and we will pay the cash/cheque direct to you OR 2. Provide the details of the order, school will purchase for you, parents will signed once support received OR 3. School can invoice any clubs or providers directly. | |
| **How much will this be?** |  | |
| **Signed (Parent)** |  | **Date:** |

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| --- | --- | --- | --- |
| **For Office Use only** | | | |
| *Child’s allocation (Tick)*  FSM £130  CAC £190  Forces £30  EY £30 | How much has been granted? | | How much is remaining for this child? |
| Funding Received on: | | Record Sheet Number:  Recorded on Tracker: | |

**Authorised by:**

**Inclusion Manager……………………………..Finance…………………………Date…..……………..**