

Pupil Premium Funding Request

Guidance

- Please complete this form, sign in the Parent Signature box and email to **Finance@westfield.academy**. The form should be in a "word" format.
- School uniform Please arrange with our admin team at Admin@westfield.academy to visit our pre owned school uniform service. If you are unable to find the correct uniform sizes then please proceed to complete this form. (Except Shoes)
- School Trip / Event Please provide details of the trip / event and the departure date.

Student's Full Name		Student Year group		
Do you qualify for Free School Meal / Pupil premium grant?			Yes / No	
Description		Total Cost	Your Contribution	Funding Request from School
Total Cost Please explain your reasons for the	he fundina rea	uest from the	school.	
Please note that being a FSM student is not a valid reason for making a funding request.				
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I confirm that the information provided is accurate.				
Parent / Carer / Guardian Signatu	ure			
Relationship to the Student				
Email & Contact number				
Date				
FOR OFFICE USE ONLY				
	I OK OI	TICE USE ON	-1	
Checked by:				
Role:	Financ	e Officer		
Date:				
Reviewed by:				
Role:	Schoo	l Business Ma	nager	
Date:				
Reviewed & Approved by:				
Role:	Headte	eacher		
Date:				