



KING EDWARD VI
SCHOOL LICHFIELD

PARENT/GUARDIAN REQUEST FOR FUNDING FOR PUPIL PREMIUM STUDENT

Please email completed forms with the title 'Pupil Premium support request' to – nneilson@keslichfield.org.uk – **marked for the attention of Mrs Hurn. Please allow 7 days for a response.**

Student Name: _____ Tutor Group: _____

A payment of £ _____ is requested, against the full cost of £ _____

Details of request:

Signature _____ Relationship to student _____

Email address: (for reply) _____

For office use:

Details of decision:

Signature _____ L J Hurn

Confirmation sent to:

Parent/Guardian	
Finance/Educational Visits	
Entered on spreadsheet	