**COTHAM SCHOOL**

**Application for financial support for resources support**

*To be completed by Parent*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject Area** | Click here to enter text. | | | | | | |
| **Date that financial support is needed** | Click here to enter a date. | | | | | | |
| **Students name** | Click here to enter text. | | | | | | |
| **Tutor Group** | Click here to enter text. | | | | | | |
| **Amount of financial support requested** | £Click here to enter text. | | | | | | |
| **Purpose that financial support is being applied for** | Click here to enter text. | | | | | | |
| *To be completed by Faculty Leader* | | | | | | | |
| **Pupil Premium** | Yes ☐ | | | | No ☐ | | |
| **Recommend financial support** | Yes ☐ | | | | No ☐ | | |
| **If yes – amount** | £Click here to enter text. | | | | | | |
| **Signed Deputy Headteacher** |  | | | | | | Date: |
| ***Form to be passed to Headteacher for Approval*** | | | | | | | |
| **Approved** |  | | | | | | Date: |
| *Form to be passed to Finance Office* | | | | | | | |
| **Received in Finance** | Date: | | | | | | |
| **Amount of Financial Support already applied this Academic Year** | £ | | | | | | |
| **Total amount of support given to date (including this request)** | £ | | | | | | |
| **Faculty to offer place/support to parent** | Date: | Accepted | | Yes | | No | |
| **Subsidy applied on Wisepay - Finance** | Date: | | | | | | |