**COTHAM SCHOOL**

**Application for financial support for resources support**

*To be completed by Parent*

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| --- | --- |
| **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: |