



Wooler First/Glendale Middle Schools

PUPIL PREMIUM

CLAIM FORM

Name of pupil	Class / Year		
Details of claim	School Trip	50%	<input type="text"/> £
	Specify Trip _____		
	Paid School Clubs	50%	<input type="text"/> £
	Specify Club _____		
Specify Activity	In-School Activity	50%	<input type="text"/> £
	Specify Activity _____		
Specify Tuition	Music Tuition	100%	<input type="text"/> £
Specify Tuition _____			
Amount requested £	<input type="text"/>		
Category of pupil	Eligible for FSM Current	<input type="text"/>	
	Ever6	<input type="text"/>	
	LAC	<input type="text"/>	
	Post LAC	<input type="text"/>	
Staff member requesting Funding	Date		<input type="text"/>

Please Note: Authorised Approval must be gained for the use of Pupil Premium funds

Approved by.....

Date.....

Print Name.....