PARENT COUNCIL

REQUEST FOR FUNDING FORM

ITEM(S) REQUIRED	
COST £	
REASON(S) FOR REQUEST	
BENEFIT(S) TO PUPILS	
DOES THIS INVOLVE THE PARENT OR PARISH COMMUNITY? IF SO, HOW?	
AMOUNT REQUIRED £	
FULL OR PART FUNDING	
SIGNATURE OF LEAD FUNDING APPLICANT _____ DATE: ____ / ____ / _____	
RESERVED TO THE PARENTS COUNCIL	
SIGNATURE OF PARENT COUNCIL TREASURER _____ DATE: ____ / ____ / _____	
FUNDS ALLOCATED £	
FEEDBACK RE SPEND IN ONE MONTH	