

Pupil Premium Funded Enrichment Opportunities Request Form

Name of Child		Class	
This form can only be completed for pupils who are currently in receipt of free school meals.			
Activity/Support you require assistance with			
When will it take place? Day/weekly/monthly & time			
Where will it take place?			
What is the period of time you are requesting support? Half-term/term/one-off			
Details of the provider (please complete the relevant sections)			
Provider name			
Provider phone number			
Cost per session			
Other related costs (equipment, joining fees)	We do not pay equipment, insurance and joining fees		
Total cost			
Please note that applications can only be for a maximum of a term. Further applications must be made for future periods in time.			
Signed			
Parent/Carer name			
Your contact phone number			
AUTHORISED: -		DATE: -	

FOR OFFICE USE ONLY: -

CLUB/ACTIVITY BOOKED YES/NO

BUDGET UPDATED YES/NO

LETTER ISSUED YES/NO

Set Sail for Success



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