

# Pupil Premium Activity Request Form – For an activity

Please hand this form into your school office

School child attends: **Stannington Infant School**

Name of Child: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Name of Parent/Carer: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Contact Tel No: \_\_\_\_\_

## Please could my child do:

Activity: \_\_\_\_\_

On Day of the Week: \_\_\_\_\_

Venue: \_\_\_\_\_

Start Date: \_\_\_\_\_

Number of sessions/days: \_\_\_\_\_

**(Your child can use this request form to pay for up to 12 sessions before a new voucher is required)**

## Details of who runs the activity:


Provider Name: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

Cost per session: £ \_\_\_\_\_ x Number of sessions \_\_\_\_\_ = Total Cost £ \_\_\_\_\_

Is there a membership cost? Y/N, If YES how much £ \_\_\_\_\_

Signed: Parent / Carer: \_\_\_\_\_

School Stamp: 

For Office Use only:

Order Number: 

## Note to the provider:

Please send an invoice detailing child's name and order number to:

Stannington Infant School  
Stannington Road  
Sheffield  
S6 6AN

For enquiries please contact: .....