Sir William Robertson Academy – Pupil Premium Fund 2024/25

Student Name: ______

If you would like to apply for the pupil premium fund to pay for a course related cost under the scheme please indicate below the purpose of your request, amount and the details requir	ed.
Max annual refund £50 in total.	

		Amount	Details	Approved/Date
	Books/Equipment	£	Items required: Any items showing on ParentPay appropriate to your child e.g. Maths revision guide/DT donation	
	Transport to School	£	Transport details: e.g. Route A	
	Exam Resits	f	Exam(s) to be retaken:	
	School Catering	£	Please attach copy of letter from exam officer. e.g. amount to be added to school dinner account	
	Uniform	£		
	Other course associated costs	£	Please attach receipts. Item description:	
			Please attach receipts.	
nt Na	ame		Bank Details for payment: Sort Code:	
arent signature			Account Number	

Date

Account Name:

Office Use Only:	Payment details:
Date received	Payment run date:
Request agreed	