



**Pupil Premium Grant Claim Form**

Student Name: .....

Form (if known): .....

Parent/Carer Name .....

Contact email/telephone number in case of query .....

| Date of Purchase | Item Purchased | Total Cost |
|------------------|----------------|------------|
|                  |                |            |
|                  |                |            |
|                  |                |            |
|                  |                |            |
|                  |                |            |
|                  |                |            |
|                  |                |            |

*Please attach receipts detailing the purchases you are claiming above.*

Bank details for BACS re-imburement:

Account Name: .....

Sort Code: .....

Account No: .....

Please return this form with accompanying receipts to the Bursary at Maidstone Grammar School.