

**KNOX ACADEMY INCLUSION FUND REQUEST FORM**

<b>PUPIL NAME</b>		<b>REG GROUP</b>	
<b>PERSON MAKING REQUEST</b>		<b>What is your role in this application e.g. Trip Leader; Guidance; class teacher; instructor etc....</b>	
<b>AMOUNT REQUESTED</b>		<b>BY WHAT DATE</b>	

Please explain below what the funding will be used for and why the request is being made :

Please circle as appropriate

<b>Are the parents/carers aware of this request</b>	<b>YES</b>	<b>NO</b>
<b>Is the pupil aware of the request</b>	<b>YES</b>	<b>NO</b>

<b>Funding Decision</b>		<b>Reasoning</b>	
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<b>Signature</b>		<b>Designation</b>	
<b>Signature</b>		<b>Designation</b>	
<b>Signature</b>		<b>Designation</b>	

**Business Manager**

<b>Signature</b>		<b>Date of funds transferred</b>	
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