

## REQUEST FOR FUNDING FROM KHS PARENT COUNCIL

Date :	
Reason for Funding :	
Impact on school and/or children:	
Amount requested:	
Cheque payable to: Name and address	
<b>Parent Council to Complete</b>	
Date of meeting	
Signed by 2 committee members	1.    2.
Cheque issued	No    Date
Notes/Requests Further information required.	

**Please return this form to Suzanne at the School Office**