REQUEST FOR FUNDING FROM KHS PARENT COUNCIL

Date :		
Reason for		
Funding:		
Impact on school		
and/or children:		
Amount requested:		
Chagua payabla ta:		
Cheque payable to: Name and address		
Name and address		
Daniel Carralles Carra		
Parent Council to Com	plete	
Parent Council to Com Date of meeting	plete	
Date of meeting	plete	
Date of meeting	plete	
Date of meeting Signed by 2	plete	
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Date of meeting Signed by 2		2.
Date of meeting Signed by 2 committee members	1.	
Date of meeting Signed by 2		2. Date
Signed by 2 committee members Cheque issued	1.	
Signed by 2 committee members Cheque issued Notes/Requests	1.	
Date of meeting Signed by 2 committee members Cheque issued Notes/Requests Further information	1.	
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Please return this form to Suzanne at the School Office