

Application for Pupil Premium funding for pupils aged 2 to 16 years including those claiming Free School Meals



The Department of Education allocate schools with additional Pupil Premium funding to provide extra help and support for some children with their education. **Could this be your child?** If yes then we would like some additional information from you. Please read the form carefully together with other information available from the school or on the schools website.

Pupil Premium is funding allocated to schools/nursery schools to provide extra help with children's education. For some pupils the funding is based on the type of benefits their parents claim, for others it could be because they have stopped being Looked After through Adoption, a Special Guardianship Order, a Residence order or a Child Arrangement Order. As your child enters nursery class/school and continues their education, the Pupil Premium funding will continue to be paid. If it is benefits based and these stop, this funding will continue to be paid to the school for a further 6 years. Please make sure you read all of the form and any other associated leaflets provided by the school or on the schools website.

PLEASE NOTE that lunchtime provision is only provided for those children who attend for **MORE** than the minimum 15 hours per week. For Nursery aged pupils, there may be individual arrangements – please speak with the school/nursery.

Please continue with this form if you and your child meet any of the criteria detailed overleaf.

For children aged up to 5 years of age, please sign and return the form to the school if you and your child **DO NOT** meet any of the criteria overleaf. Thank you

CHILD'S NAME: _____ DATE OF BIRTH: _____ / /

SIGNED: _____ PLEASE PRINT NAME: _____

Details of Person claiming benefits (Parent/Carer)

Mr/Mrs/Miss/Ms

Surname

Forename

Date of Birth

Current Address:

POSTCODE: _____

National Insurance Number or National Asylum Support
Service Reference Number (NASS No)

Telephone

Mobile

Email

Relationship to Child(ren)

Details of all dependent children

| Surname* | Other Name | Date of Birth (dd/mm/yyyy) | Gender | School attending where applicable |
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Your child may qualify for additional support with their education if you are claiming any of the following:

- Income Support
- Income based Jobseeker Allowance
- Employment & Support Allowance
- Support under Part VI of the immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit provided you're NOT also entitled to Working Tax Credit and have an annual gross income of less than £16,190
- Working Tax Credit run on – paid for 4 weeks after you stop qualifying.
- Universal Credit

Please tick those that you currently receive.
You may be asked to provide evidence.

If your child is currently in care, please insert name of Local Authority below:

Pupil Premium funding may be available if your child ceased to be looked after through

- + Adoption
- + A Special Guardianship Order
- + A Residence Order
- + A Child Arrangements Order

DECLARATION

I agree that you will use the information I have provided to process my claim and will contact other sources as allowed by law to verify my initial and ongoing entitlement.

I agree to inform the school of any change in my circumstances.

Applicants Signature

DATE: ____ / ____ / ____

Once completed please return this form to your child's school. Thank you