 

**Pupil Premium Application Form**

**Your completion of this form enables the school to check if additional money (Pupil Premium) can be claimed from the Government.**

**Further information about how the school spends these monies can be found on the school website.**

To register please complete the boxes below using black ink and BLOCK CAPITALS and return it to your school

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Parent/Guardian 1** | | | | | | | | | | | | |  | | | | |
| First Name |  | | | | | | | Last Name | | | |  | |  | | | | |
| Date of Birth | **DD** | | | | **MM** | | | | | | |  | | **YYYY** | | | | |
| National  Insurance  Number OR |  |  | |  | |  | | |  | |  | |  |  |  | |  | |
| National Asylum  Support Service  (NASS) Number |  |  | / | |  | |  | | | / |  | |  |  | |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Parent/Guardian 2** | | | | | | | | | | | | |  | | | | |
| First Name |  | | | | | | | Last Name | | | |  | |  | | | | |
| Date of Birth | **DD** | | | | **MM** | | | | | | |  | | **YYYY** | | | | |
| National  Insurance  Number OR |  |  | |  | |  | | |  | |  | |  |  |  | |  | |
| National Asylum  Support Service  (NASS) Number |  |  | / | |  | |  | | | / |  | |  |  | |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child(rens) first & last  name(s) | Child 1 | Year  Group /  Class | Child 2 | Year  Group /  Class | Child 3 | Year  Group /  Class |

**DECLARATION:**

I confirm that the details supplied are correct and accurate. I understand that my personal information is held securely and agree that the school can only use the information provided to process my claim for Pupil Premium by contacting Strictly Education 4s, who will check entitlement via a secure government website.

I understand that I am responsible for informing the school immediately if I stop receiving one of the qualifying benefits.

By signing this form I am confirming that I have read and fully understood the above declaration.

Signed Parent/Guardian 1 ……………………….. Signed Parent/Guardian 2………………………..

Date………………………….. Date ……………………………

**N.B. This form must be signed by the person who is in receipt of any of the qualifying benefits.**

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| --- | --- |
| **ELIGIBILITY CRITERIA – DOES EITHER PARENT RECEIVE ANY OF THE FOLLOWING?**   |  | | --- | |  |     **IF YES PLEASE TICK RELEVANT BOX BELOW** |
|  Universal Credit with an annual net earned income of no more than £7,400 |
|  Income support |
| |  | | --- | |  |      Income based Jobseeker's Allowance (IBJSA) |
| |  | | --- | |  |      Income related Employment and Support Allowance (IRESA) |
| |  | | --- | |  |      Support under Part VI of the Immigration and Asylum Act 1999 |
| |  | | --- | |  |      The guarantee element of Pension Credit |
| |  | | --- | |  |    Child Tax Credit (with no Working Tax Credit) with an annual gross income of no more than £16,190, as assessed by HMRC    N.B. If you receive WORKING TAX CREDIT you do NOT qualify even if you receive child tax credit and your income is below £16,190 |
|  Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit) |

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|  Is your child a looked-after child (LAC)? I.e. in the care of, or provided with accommodation by an English local authority? |
| |  | | --- | |  |    Has your child ceased to be looked after by the local authority because of adoption, a special guardianship order, a child arrangements order or a residence order? |
| **FOR PUPILS IN YEAR GROUPS RECEPTION TO YEAR 11**   |  | | --- | |  |      Are either or both parents regular members of HM Forces and designated as personal category 1 or 2 (PStat Cat 1 or 2), in the armed forces of another nation and stationed in England or in receipt of a child pension from the Ministry of Defence? |

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