

PUPIL PREMIUM APPLICATION FORM

*Please complete all sections in BLOCK CAPITALS using black or blue ink,
and return your completed form to the school office*



PARENT PERSONAL DETAILS			
Surname			
First Name			
Title			
National Insurance No.		Date of Birth	
Home Address			
Home Postcode		Phone number	
Relationship to child(ren), e.g. Parent / Guardian			

CHILD(REN) DETAILS		
Child's Name	Child's Date of Birth	Name of Child's School

BENEFITS INFORMATION: Please ✓ tick box(es) below if you are in receipt of any of the following:			
Income Support		Income based Job Seekers 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 no more than £16,190)		Working Tax Credit run-on – paid for 4 weeks after you stop qualifying for Working Tax Credit	
Income related employment and Support Allowance		Universal Credit	

DECLARATION BY PARENT/GUARDIAN:

I declare that the information given on this form is correct to the best of my knowledge and I agree to inform the school immediately of any changes which may affect my entitlement. I agree that the school will use the information I have provided to process my claim for any grants and will contact other sources as allowed by law to verify my initial and ongoing entitlement.

Signature _____

Date _____

Important: The personal information you provide will be used for the purpose of processing this application form and will be in accordance with the principles of the Data Protection Act 1998. The schools will access the DfE Eligibility Service to confirm entitlement to Pupil Premium Funding. The school may seek proof of this entitlement in the event that the CES does not indicate eligibility.