**Pupil Premium**

**About your child/children:**

|  |  |  |
| --- | --- | --- |
| Child’s Last Name | Child’s First Name | Child’s Date of Birth |
|  |  |  |
|  |  |  |
|  |  |  |

**Parent/Guardian details:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Parent/Guardian 1 | | | | | | | | | | | | | | | | | | | | Parent/Guardian 2 | | | | | | | | | | | | | | | | | | | | |
| Last name |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| First Name |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Date of Birth |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |
| National Insurance Number |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | |  | | |  | |  | |  | |
| National Asylum Support Service (NASS) Number |  |  | | **/** | |  | | |  | | **/** |  | |  | |  | |  | |  |  |  | | **/** | |  | | |  | | **/** |  | | |  | |  | |  | |  |
| Daytime Telephone Number |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Mobile Number |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Address | Postcode: | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | | | | | | | | | | | | | |

**DECLARATION**

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for school purposes. I agree to the school using this information to check my eligibility for Pupil Premium funding. I also agree to notify the school in writing of any change in my family’s financial circumstances as set out in this form.

Signature of parent/guardian: ………………………………………………………….

Date:……………………….

**How the information in this form will be used**

The information you provide in this form will be used by the school to confirm eligibility for Pupil Premium funding. Once this is confirmed, this helps to decide how much money your child’s school will receive each year.

You only need to complete this form once and it will last for the duration of your child’s time at their current school. You should contact the school if you have a change in financial circumstances.

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information.