



Tel: 0114 2883109

Fax: 0114 2830204

E-mail: [enquiries@stocksbridge-nur.sheffield.sch.uk](mailto:enquiries@stocksbridge-nur.sheffield.sch.uk)

Website: <http://www.stocksbridgenurseryinfants.co.uk>

## Pupil Premium Form

We need information about you and your child, so that we can provide them with the best education and support by making sure that their school receives all the government funding to which it is entitled. Please complete this form and return to your child's school by .....

### About Your Child

Child's Last Name	Child's First Name	Date of Birth		

### Parent / Guardian Details

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Last Name		
First Name		
Date of Birth		
National Insurance No. or NASS No.		
Daytime Telephone Number		
Mobile Number		
Address		
	Postcode:	Postcode:

### Family Income and Benefit Details

Is your joint family income over £16,190 per year? (Please place an X in the appropriate box).

Yes

No

If you have ticked yes, you do not need to complete the next section and can go straight to the declaration at the end of the form.

If you ticked no, please place an X in this box if you are in receipt of any of the benefits listed below:

Income Support

Income-based Jobseekers Allowance

Income-related Employment and Support Allowance

Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999.

The guarantee element of State Pension Credit

Child Tax Credit (with no Working tax Credit) with an annual income of no more than £16,190.

Working tax Credit run-on

Universal Credit

Please place an X in this box if you are not sure whether your joint family income is over £16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for free school meals:

## 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 Local Authority purposes. I agree to the Local Authority using this information to process my application for pupil premium. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.

Signature of Parent/Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

## ABOUT THIS FORM

From September 2014 all children who are in Reception, year 1 or year 2 in a state-funded school will be offered a free healthy school lunch.

### **Registering could raise money for your child's school**

Registering for free meals could raise an extra £1,300 for your child's school, to fund valuable support like extra tuition, additional teaching staff or after school activities.

This additional money is available from central government for every child whose parent is receiving one of the benefits listed on the form.

### **How the information on this form will be used**

The information you provide on this form will be used by the council to confirm receipt of one of the listed benefits. 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.

### **Thank you for completing this form and helping to make sure your child's school is as well funded as possible.**

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.

We will use the information you provide to assess entitlement to Pupil Premium Funding.



