

# APPLICATION FOR A PUPIL PREMIUM FUNDING



We are asking parents and guardians whose children go to school at Howbridge Infant School to complete this form. We will then be able to confirm whether the school is entitled to claim the Pupil Premium for your child.

Any qualifying family that registers their eligibility by simply completing this form will help raise Pupil Premium money for the school following a government commitment to pay schools currently £1300 per year for each child registered. This is money the school can benefit from and use to fund new equipment or maybe more teaching staff.

Please complete all sections of this form using black ink and **BLOCK CAPITALS** if your joint family income is less than £16,190 or you are in receipt of any of the benefits detailed in section 3 below. Please return your application directly to the school which will then be processed in confidence by the local authority.

Name of School	HOWBRIDGE INFANT SCHOOL
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**1. CHILD/CHILDREN'S DETAILS** (Please include any other children in the family who are in different year groups).

Child's surname	Child's first name	Date of birth	Sex M/F

**2. PARENT/GUARDIAN DETAILS**

Surname/family name	
First name	
Date of birth	
National Insurance number/NASS number	

**3. FAMILY INCOME AND BENEFIT DETAILS**

**Please complete this section only if your joint family is £16,190 or under**

Please (x) if you are in receipt of working tax credit     

Please (x) the type of benefit you receive:

- Child Tax Credit **with no Working Tax Credit** and where the household income is less than £16,190
- Income support
- Income based Job Seeker's Allowance
- Income based Employment Support Allowance
- Support under part VI of the Immigration and Asylum Act 1999
- Guarantee element of state pension credit

**4. DECLARATION**

The information I have given on this form is complete and accurate. I agree to notify the school of any changes that may affect the funding entitlement for my child.

I agree for the local authority to use the information I have provided to process my application for free school meals.

Signature of parent/guardian: ..... Date: .....