**APPLICATION FOR PUPIL PREMIUM FUNDING**

We are asking all parents and guardians whose children attend Wentworth Primary 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 £1320 per year for each child registered. This funding ensures we can support your child's learning in the school environment through teacher/teacher assistant small group work, intervention strategies and additional resources as well as financial support towards school trips.

**Please complete all sections of this form using black ink and BLOCK CAPITALS if your joint family income is less that £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/school.**

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| **Name of School WENTWORTH PRIMARY SCHOOL** |

1. **CHILD/CHILDREN’S DETAILS** (Please include any other children in the family who are in different year groups).

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| --- | --- | --- | --- |
| **Child’ s surname** | **Child’s first name** | **Date of birth** | **Sex M/F** |
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1. **PARENT/GUARDIAN DETAILS**

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

1. **FAMILY INCOME AND BENEFIT DETAILS**

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| --- |
| **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 |

1. **DECLARATION**

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| 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/school to use the information I have provided to process my application for pupil premium funding.  Signature of parent/guardian: ……………………………………………………….. Date: ……………………………………… |