



Pupil Premium Registration Form

Please write clearly

Child 1 name: D.O.B..... Year Group ...
 Child 2 name: D.O.B..... Year Group ...
 Child 3 name: D.O.B..... Year Group ...
 Child 4 name: D.O.B..... Year Group ...

Details of parents/carers living at the main address held on our file:

Name: Mr/Mrs/Miss/Ms.....
(Parent/Carer)

Address:
.....

Postcode:

National Insurance number:

Date of Birth:

Parent/Carer has parental responsibility: Yes/No

Please indicate whether you are in receipt of any of the following benefits
Please tick any which are relevant

- Income Support
- Job Seekers Allowance Income Based
- Employment and Support Allowance Income Related
- Guarantee Pension Credit
- Child Tax Credit
- None of the above

I give permission for the Academy to use the above information for the purposes of checking Pupil Premium and Free School Meal eligibility only.

Signed: (Parent/Carer) **Date:**