

**KEELBY PRIMARY ACADEMY**

Manor Street, KEELBY, Grimsby. DN41 8EF

Tel: 01469 560366

Principal: Ms Annabel Cowling

**PUPIL PREMIUM REGISTRATION FORM**

Child 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.o.b.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yr: \_\_\_

Child 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.o.b.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yr: \_\_\_

Child 3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.o.b.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yr: \_\_\_

Child 4 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.o.b.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yr: \_\_\_

Details of parent/carer (with parental responsibility) living at the main address:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mr/Mrs/Miss/Ms)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mr/Mrs/Miss/Ms)

Address including post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 National Insurance No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d.o.b: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parental Responsibility: Yes/No

Please indicate (✓) whether you are in receipt of any of the following benefits:

 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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