

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

Email address: _____

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

- Job Seekers Allowance Income Based
- Income Support
- Support under Part 6 of the Immigration and Asylum Act 1999
- Employment and Support Allowance Income Related
- Guarantee Pension Credit
- Child Tax Credit (provided they're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Universal Tax Credit provided they have an annual net earned income not exceeding £7,400 (£616.67 per month)
- 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:**

The Academy's data protection policy and privacy notices can be viewed on the website at www.welholmeacademy.com