

Application for Pupil Premium Funding

We are asking all parents and guardians of children who will be attending a Derbyshire school in any class including Nursery Classes (aged 3 or 4 years old) to complete and return the form below. We will then be able to confirm whether the school is entitled to claim the Pupil Premium for your child. The Pupil Premium provides extra funding within the school for additional equipment and support. Please complete all sections of this form and return it to your school for processing in accordance with the Data Protection Act 1998 and the Council's Information Management policy.

Schools will be advise	ed on the results of	the eligibil	lity s	tatus and any	changes to this
status on a monthly b	oasis.				
Name of School					
Please enter all childr	en in family.				
Child's Surname	Child's First Name	e Date Birth	of	Name of School Attending	
Please provide Parer process the Pupil Pre	-	s (this info	orma	ntion is requi	red by HMRC to
Surname	First Name			tional urance No	Telephone Number
The information I had Derbyshire County Council can use the information and mak Pupils eligible for Pup your child's school with Signature of parent/o	ouncil of any change nding schools in E e information I ha ing the application il Premium will also ill be able to advise	e in circum Derbyshire. ave provid for Pupil P be eligible further on	nstan . I a ded remi e for b	ice during the agree that Defended for the purpoism Funding. Free School Medical Sch	e school life of my erbyshire County pose of collating
Signature of parent/g	guardian:			Date:	