

**Application for Universal School Meals & Pupil Premium Funding**

We are asking all parents and guardians of children who attend Reception Year and Year One in schools in Derbyshire to complete this form. We will then be able to confirm whether the school is entitled to claim the Pupil Premium for your child. The Pupil Premium provides additional 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.

Name of School	Hadfield Infant School
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Please enter all children in family even if at different schools, including in years above Reception Year and Year One (attach additional sheets if necessary).

Child's Surname	Child's First Name	Date of Birth	Name of School currently attending

Parent/Guardian Details (this information is required by HMRC to process the Pupil Premium funding)

Surname	First Name	Date of Birth	National Insurance No	Telephone Number

Current Address	Previous Address (if moved in the last 3 years)

The school will not be able to claim Pupil Premium in relation to families in receipt of Working Tax Credit.

Please tick the box if you are in receipt of Working Tax Credit.

The school will be able to claim Pupil Premium in relation to families in receipt of:

- i. Income Support
- ii. Income Based Jobseekers Allowance
- iii. Support under Part vi of the Immigration and Asylum Act 1999

- iv. Child Tax Credit, if they are not Receiving Working Tax credit and have an annual income less than £16,190

Please tick if the family of the child/ren named in this form is in receipt of any of points i) – iv) above.

The information I have given on this form is complete and accurate. I will notify Derbyshire County Council of any change in circumstance during the school life of my child/ren whilst attending schools in Derbyshire. I agree that Derbyshire County Council can use the information I have provided for the purpose of collating information and making the application for Pupil Premium Funding.

Signature of parent/guardian: ..... Date: .....