

# Mosaic Jewish Primary School

## PUPIL PREMIUM ELIGIBILITY



**We ask all parents to complete the form below so that we can check if your child is eligible for pupil premium funding.**

The pupil premium is a sum of money given out by the government every year to the schools of eligible pupils. The pupil premium is currently £1320 per pupil per year. Mosaic has previously used pupil premium funding to provide the school with:

- Laptops and tablets
- Increased one-to-one or small-group support for children within the classroom,
- Additional teaching assistants to work with classes.
- Extra places within breakfast club
- Funding for educational trips and visits

**Children eligible for the pupil premium are also entitled to Free School Meals.**

***Please read carefully and complete Sections A to D.***

### SECTION A: PARENT/GUARDIAN DETAILS

Please circle: MR/MRS/MISS/MS

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

National Insurance Number:

Date of Birth: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Please make sure you have filled in **ALL** details correctly, as wrong information can cause the application to be declined.

### SECTION B: CHILD'S DETAILS

Child's First Name: \_\_\_\_\_ Child's Surname: \_\_\_\_\_

Please Circle: Male/Female      Child's Date of birth: \_\_\_\_\_

**SECTION C: BENEFITS**

Please tick below the benefits(s) you receive:

Income support                       Income-Based Job Seeker’s Allowance

Employment and Support Allowance (Income Related)

Support under part VI of the Immigration and Asylum Act 1999

Child Tax Credit and have an income less than £16,040

(If you also claim working Tax Credit you are not eligible for Free School Meals)

Guarantee element of State Pension Credit

**SECTION D: DECLARATION BY PARENT/CARER**

I declare that the information given on this form is correct to the best of my knowledge and I agree to inform the school immediately of any changes which may affect my entitlement to pupil premium and Free School Meals.

I agree that the school will use this information I have provided to assess my child’s eligibility for the pupil premium and Free School Lunches and will contact other sources as allowed by law to verify my initial and on-going entitlement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Date Received: \_\_\_\_\_ Checked on FSM’s Checker: \_\_\_\_\_

Result: Eligible     Not entitled     Letter Sent: Yes/No    Date: \_\_\_\_\_

Start Date \_\_\_\_\_ Expiry Date \_\_\_\_\_