

SUPPLEMENTARY INFORMATION FORM**EARLY YEARS PUPIL PREMIUM, THE PUPIL PREMIUM OR THE SERVICE PREMIUM
2021/2022****You should only complete this form if:**

- a) **You have named a relevant school on the Common Application Form and your child is on roll at that same school in the pre-school provision**
and
- b) **Your child is in receipt of early year's pupil premium, the pupil premium or the service premium at the time of application.**

You will need to take this form to the relevant school for the school to complete part B. You then need to return the completed form to: School Admissions Team, Education, Participation and Skills, Plymouth City Council, Windsor House, 215 Tavistock Road, Plymouth PL6 5UF.

Part A - To be completed by the parent/carer

Child's full name:	
Date of birth:	
I confirm that my child is in receipt of early years pupil premium, the pupil premium or the service premium	<input type="checkbox"/> Yes
Name of school currently attended:	
Name of parent/carer:	
Relationship to child:	
Signature:	
Date:	

Data Protection

The information collected on this form will be processed and may be stored electronically by the school in compliance with the Data Protection Act. The data may be shared with Plymouth City Council or other agents of the school, but only for administrative or other service provision purposes and with Government Departments where there is a legal requirement to do so. In accordance with the School Admissions Code, should information given be found to be fraudulent then the offer of a school place can be withdrawn. If you would like further information about Data Protection, please contact the school. By signing or submitting this form you acknowledge that you have read, understood and agreed to this data processing.

PART B

To be completed by the relevant school

Child's full name:

Date of birth:

I confirm that the child named above is currently in receipt of early years pupil premium, the pupil premium or the service premium:

Yes

No

Name of school currently attended:

Name of person completing the form:

Position held in school:

Signature:

Date:

Telephone number:

School stamp:

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