

May 2021

IMPORTANT DO YOU QUALIFY FOR EXTRA FUNDING FOR YOUR CHILD AT SCHOOL?

Pupil Premium funding is additional funding that is given to the school for those children who qualify for "Free school meals".

To qualify, you must be in receipt of one of the following benefits:-

Income Support

Headteacher: Mr Sam Fuller

- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- support under part VI of the Immigration and Asylum Act 1999
- the guaranteed element of Pension Credit
- Child Tax Credit; this is as long as you're not entitled to Working Tax Credit and your annual gross income is no more than £16,190
- Working Tax Credit 'run-on' payment (paid for 4 weeks after you stop qualifying for Working Tax Credit)
- Universal Credit: this is as long as your household income is less than £7,400 a year (after tax and not
 including any benefits you get)

This funding contributes to the cost of extra activities and staff support in each classroom. Even if you do not want your child to have the meals, just by successfully registering, your child will be able to get support with the following:

- School uniform grant
- Funding towards music tuition
- Funding towards school trips
- Funding towards after school activities

You may apply via the Dorsetforyou.com website - typing free school meals into the search box. This will take you to the information page which refers to UIFSM and Pupil Premium. This page also has links on how to apply and the eligibility process. You can enquire directly about entitlement to Free School Meals Pupil Premium Funding on 01305 221000 (you will need to provide your National Insurance number and will then be told if your child is eligible for the funding). Alternatively, you can complete the attached form and we will check your eligibility on your behalf.

Please help us to help you, if you have any queries, please speak to the school office.

Yours sincerely

Mr S Fuller Headteacher

CHRISTCHURCH JUNIOR SCHOOL FREE SCHOOL MEALS ELIGIBILITY CHECK

DECLARATION

TITLE	
SURNAME	
FORENAME	
EMAIL	
ADDRESS	
YOUR DATE OF BIRTH	
YOUR NATIONAL INSURANCE NUMBER	
CHILD'S FORENAME & SURNAME	
CHILD'S DATE OF BIRTH	
website, to determine if my child is eligi will be treated as strictly confidential an Signed	Date
Name (block capitals)	

Please hand this form into the school office.

OFFICE USE ONLY			
Date form received	Elig	ibility	YES/NO
Date check completed	Cor	npleted by	
Parent informed			