



Early Years Pupil Premium and Infant Pupil Premium Checker Form

(This form is only for parent / carer's of children in Nursery, Reception, Year 1 and Year 2 classes. For children in Year 3 and above, please visit Bristol City Council's Free School Meals webpage)

Please PRINT the information below clearly, as incorrect information cannot be checked.

- I give my permission for my child's school / academy to use the information I have provided to check my details against the Pupil Premium / Free School Meals eligibility checker.
- I give my permission for the school / academy to re-check my information from the date I have signed this form until my child leaves Year 2.
- I declare that I have parental responsibility for the child named on this form.

Child's Surname	
Child's First Name	
Child's Date of Birth (DD/MM/YYYY)	
Parent / Carer's Surname	
Parent / Carer's Date of Birth (DD/MM/YYYY)	
Parent / Carer's National Insurance Number (AA 12 34 56 C) or Asylum Seeker Number (123456789)	

Parent / Carer's Signature	Date
----------------------------	------

Thank you for completing this form. Please return it the main school / academy office.

School / Academy Office Use Only

Child's UPN					
Child's Year Group	N1	N2	R	Yr1	Yr2
Outcome of LA Database check	Passed			Not found	