

Oaklands Junior School

Headteacher - Mrs H West

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Dear Parent/Carer

We want to make sure we are providing your child with the best education and support we can. Families who receive certain benefits may be eligible for pupil premium. This additional money is available from central government for every child whose parent is receiving one of the benefits, please see the list below:

- Universal credit (provided you have a net income of £7400 or less)
- Income support
- Income-based jobseekers' allowance
- Income-related employment and support allowance
- Support under Part IV of the Immigration and Asylum Act 1999
- The guaranteed element of state pension credit
- Child tax credit, provided that you are not also entitled to working tax credit and have an annual gross income of £16,190 or less

Registering for pupil premium could also raise an extra **£1,320** for your child's school to fund valuable support like extra tuition, additional teaching staff, after school activities and school trips, including residential. A smaller amount (£300) is allocated for children of service families and there is an allocation (£2600) for each pupil who has been "Looked After" (in care) for 6 months or more and pupils who are adopted.

It is for the school to decide how the Pupil Premium is spent, since we are best placed to assess what additional provision should be made for the individual pupils.

If you think your child might be eligible for the extra funding, please complete the form attached and return it to the school office as soon as possible. Make sure the information you provide is the same as what you provide to DWP & HMRC so there are no delays in giving you your eligibility status. **Please use either the NI number or the NASS asylum reference number. Please use clear capital letters to ensure you receive a timely response.**

Many thanks for your help in this matter.

Yours faithfully,

Mrs. H. West

PUPIL PREMIUM CLAIM FORM

Surname	
Forename	
Date of Birth	
Relationship to children	

NI number									
NASS number									

Dependent children requiring a check

Surname	Forename	Date of Birth
		___ / ___ / _____
		___ / ___ / _____
		___ / ___ / _____
		___ / ___ / _____

DECLARATION

I CERTIFY THE INFORMATION GIVEN IS TO THE BEST OF MY KNOWLEDGE IS COMPLETE AND ACCURATE.

I confirm I will inform the school immediately of any change in my circumstances.

I agree that you will use the information I have provided to process my claim for free school meals and will contact other sources as allowed by the law to verify my entitlement.

I understand the results of any free school meal eligibility check may also be used to assess my entitlement to claim other benefits related to my child’s education, e.g. school travel.

Signature of applicant: _____ Date: ___ / ___ / _____

We are committed to ensuring the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information. We will use the information you provide to assess entitlement to free school meals.