



Pupil Premium Checker Form

This form is only for parent / carer's of children in Nursery, Reception, Year 1 and Year 2 classes. For pupils 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.

Pupil's First Name										
Pupil's Surname Name										
Pupil's Date of Birth	D	D	/	M	M	/	2	0	Y	Y
Parent / Carer's Full Name										
Parent / Carer's Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y
Parent / Carer's National Insurance Number (e.g. AA123456B)	L	L	N	N	N	N	N	N	N	L
Parent / Carer's National Asylum Seeker Service Number (e.g. 1907/12345)	Y	Y	M	M	/	N	N	N	N	N

- 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 Eligibility Checker Service.
- 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.

Parent / Carer's Signature	Date
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Thank you for completing this form. Please return it the main school / academy office.

School / Academy Office Use Only

Pupil's UPN					
Pupil's Year Group	N1	N2	R	Y1	Y2
Outcome of Eligibility Check	Eligible		Not found		