



**Supplementary Information Sheet
for admission in September 2025/26 academic year**

This additional form is to be completed in addition to the Common Application Form (CAF) from your local authority if you wish your application to be considered under item 2 of the over subscription criteria- 'Children who are eligible for the Pupil Premium'. This form should be **returned with your application form to your local authority**. Please use **CAPITAL LETTERS**

Please use CAPITAL LETTERS		
Child's Surname		
Child's Forename(s)		
Date of Birth		Post Code
Address		
Name of Parent		
National Insurance Number of Parent		
<i>(Please note that your NI number may be used to check your child's eligibility for Free School Meals)</i>		
Parent declaration: <i>I confirm that my child details above is either eligible for Free School Meals now <u>or</u> has been eligible at some point in the last 6 years, <u>or</u> has been looked after continuously by the local authority for at least a day <u>or</u> was previously looked after but was subsequently adopted or became subject of a residence or special guardianship order.</i>		
If applying due to previous, rather than current, Free School Meal eligibility please state the last date your child was eligible for Free School Meals.		
If applying under 'looked after for at least a day or previously looked after' as described above, please attach evidence of this.		
Signature		
Name		
Date		

Primary School confirmation – please ask your child's current school to stamp and date this form if your child is eligible for Free School Meals before you send it back to your local authority.

Current Primary school – please stamp, sign and date this form and pass back to the parent if you can confirm that the child named above is currently eligible for Free School meals.

<i>Primary School Stamp</i>	Signed	
	Name	
	Date	

Data Protection Act - Information given on this form may be processed electronically and used for administrative purposes in the School and Education Authority.