**CHELLASTON INFANT SCHOOL**

FUNDING FORM

## Please provide school with the below information.

## This information is used for the purpose of continuously checking Pupil Premium Funding entitlement for school.

## Please be assured that this information will be destroyed once uploaded onto our secure checking system.

## To ensure correct funding of our school and your child(ren) it is essential that all parents complete this section.

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENT INFORMATION** | | | |
| **Title** | **First Name** | **Last Name** | **NI Number** |
|  |  |  |  |
| **DOB** | **Relationship to Child** | **Address** | **Postcode** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD INFORMATION** | | | |
| **First Name** | **Second Name** | **DOB** | **Gender** |
|  |  |  |  |

## I consent to this information being used for the purpose of checking my child’s eligibility for free school meal funding