



## Application for Pupil Premium Funding

As part of ensuring equality of provision across our schools, Our Lady of Lourdes CMAT has teamed up with Derbyshire County Council to confirm whether our academies are entitled to claim Pupil Premium Funding for your child. The Pupil Premium provides extra funding within the school for additional equipment and support. Pupils eligible for Pupil Premium, due to economic circumstances, will also be eligible for Free School Meals. Staff within your child's school will be able to advise further on this.

We are therefore asking all parents and guardians of children who will be attending one of our Our Lady of Lourdes CMAT Schools in any class including Nursery Classes (aged 3 or 4 years old) to fill in the online form at <https://ololcmat.co.uk/ppcheck> (please note, this redirects to a Derbyshire County Council form) or complete and return the form below.

Please complete all sections of this form and return it to your school who will forward it to Derbyshire County Council for processing in accordance with **GDPR** and the Council's Information Management policy.

Schools will be advised on the results of the eligibility status and any changes to this status on a monthly basis.

Thank you for your ongoing support in this.

Miss C Reilly & Miss S Sweeney  
Co-Headteachers



**Application form**

Name of School	ST MARGARET CLITHJEROW CATHOLIC VOLUNTARY ACADEMY
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Please enter all children in family.

Child's Surname	Child's First Name	Date of Birth	Name of School Attending

Please provide Parent/Guardian Details (this information is required by HMRC to process the Pupil Premium funding).

Surname	First Name	Date of Birth	National Insurance No	Telephone Number

The information I have given on this form is complete and accurate. I will notify Derbyshire County Council of any change in circumstance during the school life of my child/ren whilst attending schools in Our Lady of Lourdes CMAT. I agree that Derbyshire County Council and Our Lady of Lourdes CMAT can use the information I have provided for the purpose of collating information and making the application for Pupil Premium Funding.

Signature of parent/guardian: ..... Date: .....

