

Supplementary Information Form for Admission to Community Primary/Infant/Junior Schools Pupil Premium and Early Years Pupil Premium



Please complete this form in addition to the Reading Application Form if your child's early years provider/ School is in receipt of Pupil Premium or Early Years Pupil Premium for your child.

Pupil Premium and Early Years Pupil Premium gives schools/nursery settings extra funding to raise the attainment of disadvantaged pupils. Details of which pupils will attract this funding can be found in the 'Admissions to Infant, Junior & Primary School' Guide. If you believe your child's current school or early years provider receives this funding in respect of your child, please complete the below form and ensure it is verified by the school. If the school endorsing this application is outside Reading Borough, please indicate in which local authority the school is located.

Please send completed supplementary forms to via email <u>admissions@brighterfuturesforchildren.org</u>

Or post School Admissions Team, Brighter Futures for Children, Civic Offices, Bridge Street, Reading, RG1 2LU

Child Details			
Current School/ early years provider:			
ocal Authority of Current chool / early years provider:			
Child's legal first Name:			
Child's legal Surname:			
Child's Date of Birth:	Child's Gender (pleas	e circle): Male	Female
•	the address where the child normally lives.	-	•
•	the address where the child normally lives. hissions Team may check the address with do Postcoo	ata held by the Cou	•
ddress in our booklet. The School Ad	issions Team may check the address with do	ata held by the Cou	•
nddress in our booklet. The School Ad Reading Borough Council).	issions Team may check the address with do	ata held by the Cou	•
nddress in our booklet. The School Ad Reading Borough Council). Parent/Carer Name:	issions Team may check the address with do	ata held by the Cou	•
Parent/Carer Name: Date: School confirmation - please ask	issions Team may check the address with do	de d	and date this form
Parent/Carer Name: Date: School confirmation - please ask	Postcoo	de d	and date this form
Parent/Carer Name: Signature: Date: School confirmation - please ask pefore you send it back to Reading	Postcoo Postcool Postcool Pour child's current school/ early years p	de d	and date this form

Any questions please contact the School Admissions Team on (0118) 937 3777 or email admissions@brighterfuturesforchildren.org www.brighterfuturesforchildren.org/school-admissions

Supplementary Form Sept 22 V1