



## Waterman Primary School, The Boulevard, Rochford, SS4 1QF Telephone: 01702 546237 E-mail: waterman.admin@heartsacademy.uk Website www.hearts-waterman.uk

## Supplementary Information Form For admission September 2024

| Child's Surname       | Child's Forenames |               |
|-----------------------|-------------------|---------------|
| Child's date of birth | Child's gender    | Male / Female |

## I am in receipt of the following:

| Income support or income-based Job Seekers Allowance   |  |
|--|--|
| Child Tax Credit with an annual taxable income of less than £16,190 (not working tax credit) |  |
| Pension Guarantee Credit   |  |
| Income-related Employment and Support Allowance  |  |
| Support under Part V1 of the Immigration and Asylum Act 1999                                 |  |
| An Early Years Pupil Premium or Pupil Premium award but no longer receiving benefits         |  |
| Universal Credit - if you apply on or after 1.4.18 your household income must be less than   |  |
| £7,400 a year (after tax and not including any benefits you get)                             |  |
| Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax       |  |
| Credit   |  |
| None of the above  |  |
|  |  |

Applications for priority admission under the pupil premium criteria will not be eligible if you are in receipt of working tax credit

| Are | you | in | receipt | of | working | tax | credit? |
|-----|-----|----|---------|----|---------|-----|---------|
|-----|-----|----|---------|----|---------|-----|---------|

| Yes 🛛 No |  |
|----------|--|
|----------|--|

| Name of claimant in receipt of benefit |  |
|--|--|
| Relationship to child                  |  |
| Address of claimant                    |  |
| National Insurance number of claimant  |  |
| Date of birth of claimant              |  |

Please continue over

I/we give permission for the admissions authority to disclose pupil premium eligibility information for the purposes of a school application.

I/We confirm that the information provided is true and correct and I/we shall notify the school promptly of any changes. I/we understand that if a place is obtained on the basis of incorrect or inaccurate information, the offer may be withdrawn.

| Signed | Parent/Carer | Date |
|--------|--------------|------|
| Signed | Parent/Carer | Date |

Please return this form directly to the school, along with evidence of your benefit/supplementary information dated no more than 6 months old. You must also apply for a school place online at www.essex.gov.uk.

All information is used only for the purpose of administrating the admissions priority of your child. Data is stored securely in line with GDPR. You do not have to submit this information, but please be aware that the admissions authority will not be able to take into account your eligibility for pupil premium without this.