



**UNIVERSITY OF
CAMBRIDGE
PRIMARY SCHOOL**

**ADMISSIONS – YEARS R, 1, 2, 3, 4 & 5 SUPPLEMENTARY
INFORMATION FORM**

Name of child:..... **Date of birth:**.....

Please complete a separate form for each child for whom you are applying for a place.

Please complete, sign and date the declaration below and submit this form to the school office.

In addition you must complete a Cambridgeshire County Council Admissions Team Application Form and return to the Admissions Team at the Cambridgeshire County Council.

NB. Failure to provide the evidence required will mean that your application cannot be considered under this over-subscription criterion.

Please tick to indicate under which of the criteria in Category 1 and 2 in the school's admissions policy you would like your application to be considered.	TICK						
Category 1	<p>A child currently eligible for the Pupil Premium For the purposes of the school's admission policy you will be considered under this criterion if you, or your child, are in receipt of one of the following qualifying benefits:</p> <ul style="list-style-type: none"> • Universal Credit; • Income Support; • Income-based Jobseekers Allowance; • Income-related Employment and Support Allowance; • Support under Part VI of the Immigration and Asylum Act 1999; • Child Tax Credit (provided they are not entitled to Working Tax Credit) and have an annual income that, from 6 April 2011, does not exceed £16,190 (as assessed by Her Majesty's Revenue and Customs); • The guarantee element of State Pension Credit <p>To allow the University of Cambridge Primary School to verify this application, please provide the following information for all adults with parental responsibility for your child:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name:.....</td> <td style="width: 50%;">Name:.....</td> </tr> <tr> <td>Date of Birth</td> <td>Date of Birth</td> </tr> <tr> <td>National Insurance Number</td> <td>National Insurance Number.....</td> </tr> </table>	Name:.....	Name:.....	Date of Birth	Date of Birth	National Insurance Number	National Insurance Number.....
Name:.....	Name:.....						
Date of Birth	Date of Birth						
National Insurance Number	National Insurance Number.....						

Category 2	<p>A child who has been registered as eligible for free school meals at any point in the last six years.</p> <p>You will be required to provide some evidence of your child's eligibility for free school meals within the last 6 years. This may be a letter from the predecessor school, your local authority or benefits agency confirming eligibility for free school meals during this period.</p> <p>LAC- Children who have been looked after under local authority care for more than one day.</p>	
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Declaration

I confirm that I have provided the evidence requested and have completed and submitted an Application Form to my home local authority.

I understand that my information is being held by The University of Cambridge Primary School in accordance with the Data Protection Act and will be shared with other bodies administering public funds to determine the support available and also for the prevention and detection of fraud in connection with this application.

I agree to notify the school in writing of any change in circumstance which could affect my child's eligibility for admission.

I confirm that I sought the permission of all the people listed above to provide the information on this form.

I give permission for the school, or its agent, to undertake periodic checks using the secure benefit checking systems to confirm my continued receipt of qualifying benefits

Name:.....

Signature:.....

Date:.....

Address:.....

Tel No:..... Email:.....

Once completed please return this SIF form together with supporting documents to be evidenced by the school office:

University of Cambridge Primary School
Eddington Avenue
Cambridge
CB3 0QZ

www.universityprimaryschool.org.uk