

MONTALBO NURSERY & PRIMARY SCHOOL

···Climbing to Success!

Fairfield Road BARNARD CASTLE County Durham DL12 8TN School No: 2442 Tel: (01833) 637718

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E-Mail Address: Montalbo@durhamlearning.net
Web Site www.montalbo.durham.sch.uk

Head Teacher: Miss A.Fawcett

Dear Parent/Carer

Our school receives funding from the Government to cover the costs of providing education. This can include all school running costs, such as employing teachers and support staff, books and equipment, computers, expenses and on our school building.

The school receives additional funding (known as early years pupil premium) for pupils whose families are in receipt of the benefits below.

- Income Support
- Income/Equal Based Job Seekers Allowance
- Income/Equal Related Employment and Support Allowance
- Universal Credit
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
- Guarantee element of State Pension Credit
- Child Tax Credit (with no working tax credit) with an annual income of no more than £16,190
- Working Tax Credit run on.

It is in **all** our interests that we bring in as much money as we can to support our school and ensure all of our children get the best possible education. To help your child and your school, we can do a very quick eligibility check for this additional funding via Durham County Council.

In order to do this we require some simple information.

The information we need is:-

Full name of Parent/Carer, Date of Birth, National Insurance or Asylum Seekers Reference Number

Please rest assured that the information you provide is confidential and will be treat in the strictest confidence and safe keeping. If your child is entitled to receive the additional funding we will let you know the outcome in a few days.

Could you please provide the information on the attached form, sign and return it to the school.

Many thanks for your help.





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EARLY YEARS PUPIL PREMIUM ENTITLEMENT VERIFICATION CHECK

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Name of Pupil(s):		Date of Birth
Surname of Parent/Carer:		
National Insurance No: of Parent/Carer		
OR		
Asylum Seeker's Reference No:		
Date of Birth of Parent/Ca	arer:	
I hereby give consent to a check via Durham County Council and the Department for Education's eligibility checking system. (Communication with Durham County Council may be subject to monitoring and recording.) I understand that it is my responsibility to inform the school if I no longer receive the relevant benefit.		
Parent/Carer's Signature:	Date	:
For Nursery/School/Academy Use Only		
Approved / Not Approved	Date: Aca	demic Year
Approved / Not Approved	Date: Aca	demic Year
Approved / Not Approved	Date: Aca	demic Year
Approved / Not Approved	Date: Aca	demic Year
Nursery/School/Academy Contact:		
Date:		