**Bradford Pupil Premium Plus: Additional Support Requests**

|  |  |  |
| --- | --- | --- |
|  | **Category** | **SIO code** |
|  | New into care pupils |  |
|  | Short-term in care pupils |  |
|  | Low incidence/ high need pupils |  |
|  | Pupils leaving care |  |

|  |  |  |
| --- | --- | --- |
| Pupil Name: | School Name: | Designated Teacher: |

|  |  |  |
| --- | --- | --- |
| **Intended Use and Impact of additional Pupil Premium Plus** | | |
| **PEP Target** | **Use and Costings** | **Intended Impact** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Has the child or young person been involved in discussion about the use of the Pupil Premium Plus to support their education – Yes or No |

**VS agreement**

|  |  |  |  |
| --- | --- | --- | --- |
| Meeting date: | Progress update arrangements: | | |
| One off payment agreed:  £ 5300 SIO code……………………… | | School invoice requested from (name): | |
| Signed: | | Name: | Date: |