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

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

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

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

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