**Bradford Pupil Premium Plus - Additional Support Request**

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| Pupil Name:  |  |
| School Name: |  |
| Designated Teacher: |  | Contact No: |  |

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

| **Intended Use and Impact of additional Pupil Premium Plus**  |
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| **PEP Target** | **Use and Costings** | **Intended Impact** |
|  |  |  |
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| **Further Detail/Comments** |
|   |



**Virtual School Agreement (office use only)**

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| --- | --- |
| Agreement date: |  |
| Progress update arrangements: |  |
|  |  |
| Total One off payment agreed:  | £ |

|  |  |  |
| --- | --- | --- |
| Signed |  | Date |
| Name |  |  |