

Hethersett Cluster- Additional Inclusion Payment Claim Form

School (s): _____ Date: _____

Name of child/children: _____

Name of parent/carer: _____

Contact phone no of parent/carer: _____

Staff contact: _____

To be eligible for AIP:

‘Economically deprived children or families not in receipt of Pupil Premium.’

Restrictions:

- No single payment to be above **£100.00**.
- Any claim **over £100.000** needs to be approved by Cluster Heads.
- No one child to receive **more than £300.00** in a financial year.
- For residential trips that no more than **60%** to be paid from AIP fund.
- For holiday activities/breakfast club no more than **50%** to be funded per child by the AIP.
- Each case falls under the **discretion of the Headteacher/Principal** and can be monitored by the cluster.

AIP will not include:

- School uniform requests
- Equipment
- Long term childcare costs.
- Wrap around after school care.

What is the AIP intended for?

Provider Name (if applicable) : _____

Provider Phone Number: _____

Cost per session: £ _____ or Total fees: £ _____

Any other costs:

Total and details of any other AIP's made to family in last 12 months:

Parent/Carer Reasons for Application:
(How AIP will help my family)

Signed:

Headteacher/Principal Statement:

I can confirm that this claim meets all of the criteria set out above.

Signed:

Cluster Approval Obtained (if over £100):

Signed: