Applications under pupil premia criterion

This application form is only to be completed if you wish to apply for priority under the pupil premia criterion.  In order for priority for a place to be given, the parent / carer will need to submit this application form and proof of eligibility.

As well as completing this form, you must also list the Academy as a preference on your local authority's / council's application form.

For applications for start Reception in September 2026, the deadline is 15 January 2026.

Applications for any other year groups can be submitted at any time.

|  |
| --- |
| **1. Child’s full name** |
|  |
| **2. Child’s date of birth (e.g. 16/01/2021)** |
|  |
| **3. Address** |
|  |
| **4. Please specify which pupil premium you qualify under by ticking one of the following options:**A guidance to proof of eligibility can be found on the Admissions page of the Academy website. |
| Early years pupil premium |
| Pupil premium |
| Service premium |
| **5. Parent’s full name** |
|  |
| **6. Please state your Dixons e-mail address** |
|  |
| **7. Please specify which of the following applies by ticking either a) or b) and then completing the box on the right** |
| 1. **I have worked at the Academy for 2 years or more**
 | **Please specify your start date** |
| 1. **I was recruited to a post for which there is a demonstrable skill shortage**
 | **Please specify which post you were recruited to** |

**PART 1**

|  |  |
| --- | --- |
| **Child’s details** |  |
| Forename/s: |  |
| Surname: |  |
| Date of birth: |  |
|  |  |
| **Parent’s / Carer’s details** |
| Mr / Mrs / Ms / Miss / Other (please state or delete as appropriate) |
| Forename: |  | Surname: |  |
| Child’s address: | Your address (if different to the child’s): |
|   |   |
|   |   |
|   |   |
| Postcode: |  | Postcode: |  |
| Contact number: |  |
| E-mail address:  |  |

 *Please turn over*

**PART 2**

|  |
| --- |
| **Reasons for request. Please state these as fully as possible in the space below and attach separate sheets if necessary.** |
|  |
| **Who is supporting the request (tick any that apply)?**

|  |  |
| --- | --- |
| Paediatrician |  |
| Educational Psychologist  |  |
| Specialist Teacher |  |
| Speech therapist |  |
| Head Teacher / nursery teacher |  |
| Other - please specify the occupation or relationship to the child:  |  |

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| **Please list below the supporting documents you are including with this application:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

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Please post/return the completed request and supporting documents by either:

e-mail to: admissions@dixonsta.com

post to: Admissions Officer, c/o Lewis Building, Dixons City Academy, Ripley Street, Bradford, BD5 7RR