

HIGH NEEDS PUPIL AGREEMENT

For Pupils with high levels of special educational needs

1. PUPIL'S DETAILS

Family Name:			
First Name:			
Known As (if applicable):			
Pupil's Personal Identity Number:			
Learner's Unique Number (if different):			
Date of Birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
EHC:	<input type="checkbox"/>	SEN:	<input type="checkbox"/>

2. Date of commencement : (DD/MM/YYYY)	
Review/ End Date	

3. School Details

Name & Address of School or College:			
		Postcode:	
Telephone:		Fax:	
Email:			
Name of Principal / Head Teacher:			

4. LOCAL AUTHORITY KEY CONTACT (Commissioning LA)

Name:			
Designation:			
Team Name:			
Based at:			
Telephone:		Mobile:	
Fax:			
E-mail:			

5. High Needs Funding		
Made up of	Amount	Funded by
Element 3 Top Up Funding	£	
	Details:	
Arrangements for Payment £ paid on the 15 th of each month		

6. Bank Account Details for BACS Payment		
Name of Account	Account Number	Sort Code

7. Signatures of Agreeing Parties	
This Agreement is signed and agreed by:	
Authorised Signatory on behalf of the School	
Signature Signed by: (PLEASE PRINT NAME)	
Designation: (PLEASE PRINT)	Dated:

Duly Authorised Signatory on behalf of the Authority	
Signed by: (PLEASE PRINT NAME)	
Designation: (PLEASE PRINT)	Dated: