

## FREE SCHOOL MEALS AND PUPIL PREMIUM GRANT

We need information about you and your child, so that we can provide them with the best education and support by making sure that their school receives all the government funding to which it is entitled. Please complete this form and return with the supporting benefit statements/letters to the school office.

## **ABOUT YOUR CHILD/CHILDREN**

Child's Last Name	Child's First Name	Cł	nild's Da Birth		Name of School
			MM	$\forall \forall \forall \forall$	
		D			
		D	MM	YYY	
		D			
		D	MM	YYY	
		D			
		D	MM	YYY	
		D			

## **PARENT/GUARDIAN DETAILS**

	Parent/Guardian 1						Parent/Guardian 2															
Last name																						
First Name																						
Date of Birth	DD			MM			$\forall \forall \forall \forall$				DD				MM			YYYY				
National Insurance Number*																						
National Asylum Support Service (NASS) Number*			/				/							/			/					
Daytime Telephone Number																						
Mobile Number																						
Address	Po	osto	code	e:								Po	osto	cod	e:							

<sup>\*</sup> Complete as appropriate



## **FAMILY INCOME AND BENEFIT DETAILS**

Please place an X in this box if you are in receipt of any of the benefits listed below:
<ul> <li>□ Universal Credit with an annual net earned income of no more than £7,400</li> <li>□ Income Support</li> <li>□ Income-based Jobseeker's Allowance</li> <li>□ Income-related Employment and Support Allowance</li> <li>□ Support under Part 6 of the Immigration and Asylum Act 1999</li> <li>□ The guarantee element of Pension Credit</li> <li>□ Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190</li> </ul>
□ Working Tax Credit
Please place an X in this box if you are not sure whether your joint family income is over £16,190 or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for free school meals:
DECLARATION
The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.
Signature of parent/guardian:
Date: