**REGISTRATION FORM**

**FREE SCHOOL MEALS AND PUPIL PREMIUM**

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 if you believe your child is entitled to benefit from Pupil Premium and return school. See the attached letter below for more information.

**ABOUT YOUR CHILD/CHILDREN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Last Name | Child’s First Name | Child’s Date of Birth | | | Name of School |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |

**PARENT/GUARDIAN DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Parent/Guardian 1 | | | | | | | | | | | | | | | | | | | | Parent/Guardian 2 | | | | | | | | | | | | | | | | | | | | | |
| Last name |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| First Name |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | D D | | | | | | M M | | | | | | Y Y Y Y | | | | | | | | D D | | | | | | | M M | | | | | | | Y Y Y Y | | | | | | | |
| National Insurance Number\* |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | |  | |  | |
| National Asylum Support Service (NASS) Number\* |  |  | | **/** | |  | | |  | | **/** |  | |  | |  | |  | |  | |  |  | | **/** | |  | | |  | | **/** |  | | |  | |  | |  | |  |
| Daytime Telephone Number |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Mobile Number |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address | Postcode: | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | | | | | | | | | | | | | | |

\* Complete as appropriate

**FAMILY INCOME AND BENEFIT DETAILS**

Is your joint family income over £16,190 per year? (Please place an X in the appropriate box).

Yes No

If you have ticked yes, you do not need to complete the next section and can go straight to the declaration at the end of the form.

If you ticked no, please place an X in this box if you[[1]](#footnote-2) are in receipt of any of the benefits listed below:

* Income Support
* Income-based Jobseekers Allowance
* Income-related Employment and Support Allowance
* Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
* the guarantee element of State Pension Credit
* Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190
* Working Tax Credit run-on
* Universal 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 school purposes. I agree to the school using this information to process my application for free school meals. I also agree to notify the school in writing of any change in my family’s financial circumstances as set out in this form.

Signature of parent/guardian: ………………………………………………………….   
Date:……………………….

About this form

From September 2014 all children who are in Reception, Year 1 or Year 2 in a state-funded school will be offered a free healthy school lunch (Universal free school meals). Children in other school years will also be offered a free school lunch if their parent is receiving any of the welfare benefits listed overleaf (Pupil premium free school meals). If your child is in Reception, Year 1 or Year 2, please do fill in the form if you believe your child is entitled to Pupil premium, as this will mean the school will receive additional funding that can benefit your child.

Registering could raise money for your child’s school

Registering for free meals could raise an extra £1,300 for your child’s school, to fund valuable support like extra tuition, additional teaching staff or after school activities.

This additional money is available from central government for every child whose parent is receiving one of the welfare benefits listed in the form. It is therefore important to sign up for free school meals, even if your child is in reception, year 1 or year 2, so that your child’s school receives as much funding as possible.

How the information in this form will be used

The information you provide in this form will be used by the school and local council to confirm receipt of one of the listed welfare benefits. Once this is confirmed, this helps to decide how much money your child’s school will receive each year.

The information will also be used in relation to children in year 3 or above to decide whether they are eligible for free school meals.

**Thank you for completing this form and helping to make sure your child’s school is as well funded as possible.**

We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information.

We will use the information you provide to assess entitlement to free school meals. The information may also be shared with other Council departments to offer benefits and services.

1. This includes those who have parental rights for the child/children named on this form. [↑](#footnote-ref-2)