APPLICATION FOR FREE SCHOOL MEALS

& PUPIL PREMIUM FUNDING

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 all sections of the form below and return this to the school.

**Can you confirm your annual household income is under £16,190 per year?**

**(Please place an X in the box).**

**Yes** 🞎

**Please only complete this form if you have answered “yes” above**

1. **PARENT/GUARDIAN DETAILS – these should be the details relating to the person who is claiming the benefits**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Parent/Guardian 1 | | | | | | | | | | | | | Parent/Guardian 2 | | | | | | | | | | | |
| Title |  | | | | | | | | | | | | |  | | | | | | | | | | | |
| First name |  | | | | | | | | | | | | |  | | | | | | | | | | | |
| Last 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 |  | | | | | | | | | | | | |  | | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | |  | | | | | | | | | | | |
| Address | Postcode: | | | | | | | | | | | | | Postcode: | | | | | | | | | | | |
| Previous address if you have moved in the last year | Postcode: | | | | | | | | | | | | | Postcode | | | | | | | | | | | |

\*Complete as appropriate

**2. CHILD/CHILDREN DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILD’S FORENAME** | **CHILD’S SURNAME** | **M/F** | **DATE OF BIRTH** | **NAME OF SCHOOL ATTENDING** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please indicate as applicable, if this application is being submitted as a result of your child moving from another school?

**YES / NO**

**YES / NO**

If yes, please indicate if your child was receiving free school meals before they left their previous school?

**3. FAMILY INCOME AND BENEFIT DETAILS**

|  |
| --- |
| **Please indicate which benefit you are currently in receipt of.**   * Universal Credit, (provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods) * Child Tax Credit, provided you are also not entitled to Working Tax Credit and have an annual household gross income that does not exceed £16,190 (as assessed by HMRC) * Income Support * Income-based Jobseeker’s Allowance * Income-related Employment and Support Allowance * Support under Part 6 of the Immigration and Asylum Act 1999 * The guarantee element of Pension Credit * A run-on of Working Tax Credit – paid for 4 weeks after you stop qualifying for Working Tax Credit   **Applicants in receipt of the above benefits or credits do not need to enclose proof. You will be contacted should further information be sought.** |

**DECLARATION**

I declare the information given on this form is accurate and that I have parental responsibility for the child/ren noted.

I understand that you may check the information given on this form.

If I should move house or change my name after making this application, I will ensure to update you.

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

**Date**:………………………………………………