



SCHOOL FUNDING REGISTRATION FORM
FREE SCHOOL MEALS AND PUPIL PREMIUM

We need to gather information about you and your child, to ensure that the school received all the government funding which it is entitled.

Please complete this form and return it to school as soon as possible.

Thank You

ABOUT YOUR CHILD/CHILDREN

Surname	First Name	Date of Birth		

PARENT/CARER DETAILS

	Parent/Carer (1)										Parent/Carer (2)									
Title	Mr/Mrs/Ms/Miss/Dr other										Mr/Mrs/Ms/Miss/Dr other									
Surname																				
First Name																				
Date of Birth	(DD)			(MM)			(YYYY)				(DD)			(MM)			(YYYY)			
NI Number																				
NASS Number																				
Email address																				
Mobile Number																				
Address (including postcode)																				

(Please turn over)

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. Please go straight to the declaration at the end of the form.

If you have ticked **NO** please place an X in the box if you are in receipt of any of these benefits:

	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 the 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 if your family income is over £16,190 or if 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.
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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.

Signed _____ Date _____

PLEASE PRINT NAME _____