Free School Meals and Pupil Premium Application Form



To check if your child / young person is eligible, we need information about you and your child. Please complete this form and return it to the school's finance office.

ABOUT YOUR CHILD / YOUNG PERSON

Last Name	First Name	Date of Birth DD / MM / YYYY

PARENT / CARER DETAILS

	Parent / Carer 1	Parent / Carer 2
Last Name		
First Name		
Date of Birth		
DD / MM / YYYY		
National Insurance Number		
National Asylum Support Service		
(NASS) Number		
Daytime Telephone Number		
Mobile Number		
Address including postcode		

FAMILY INCOME AND BENEFIT DETAILS

If you receive any of the benefits listed below, please place an X in the box

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support from NASS under part 6 of the Immigration and Asylum Act 1999
- The guarantee element of Pension Credit
- Child Tax Credit (with no Working Tax Credit)
- Working Tax Credit run-on
- Universal Credit

UNIVERSAL CREE	DIT				
If you are in rece	ipt of Universa	l Credit, is your net e	arned family incor	ne over £7,400 pe	r year?
	•	household income a her benefits that you			
Yes		No		Unsure	
CHILD TAX CRED	IT				
If you are in rece	ipt of Child Tax	Credit, is your joint	gross annual incor	ne over £16,190 pe	er year?
Your joint gross i in the appropriat	=	household income b	efore taxes are tak	en into account. (I	Please place an X
Yes		No		Unsure	
are able to check the eligibility certi	this using the L ficate provided the school to	receive one of the light of the light of the light of the check is concern the check is concern the check whether your ker, please place an X	r: http://pps.lgfl.o omplete. child / young per	rg.uk. Please provi	de the school with
information is he School Meals / F continuing entitle	eld securely are property and premium ement.	on this form is comed will be used only and to contact othe	for the purpose or sources, as allow	of establishing ent ved by law, to ver	itlement to Free ify my initial and
		5 101111.			
Signature of Pare Carer	ent /				
Date					

Thank you for completing this form and helping to make sure your child / young person's school is as well funded as possible.