

Free School Meal Eligibility & Pupil Premium Application Form

Your completion of this form enables the school to check for Free School Meal Eligibility and also if additional money (Pupil Premium) can be claimed from the Government.



Free School Meals can be provided to pupils if parents/guardians meet the eligibility <u>CRITERIA 1</u> overleaf. We urge you to complete this form even if your child does not take a school meal.

Pupil Premium is additional funding given to schools for pupils who have been registered as being entitled to Free School Meals (FSM) at any point in the last 6 years. Schools receive this funding to support their eligible pupils and narrow the attainment gap between them and their peers. Other Pupil Premiums are available to the school if parents or guardians meet <u>CRITERIA 2</u> overleaf.

Further information about how the school spends its Pupil Premium can be found on the school website.

To register please complete the boxes below using black ink and BLOCK CAPITALS and return it to your school

	Parent/Guardian 1									
First Name						Last Na	me			
Date of Birth		D			MN			YYY	Y	
National Insurance Number OR										
National Asylum Support Service (NASS) Number			/			/				

	Parent/Guardian 2											
First Name						Last Na	me					
Date of Birth	DD MI			MM		YYYY						
National Insurance Number OR												
National Asylum Support Service (NASS) Number			/			/						

Child(rens)	Child 1	Year	Child 2	Year	Child 3	Year
first & last		Group /		Group /		Group /
name(s)		Class		Class		Class

DECLARATION:

I confirm that the details supplied are correct and accurate. I understand that my personal information is held securely and agree that the school can only use the information provided to process my claim for Free School Meals and / or Pupil Premium by contacting Surrey County Council, who will check entitlement via a secure government website.

I understand that I am responsible for informing the school immediately if I stop receiving one of the qualifying benefits.

By signing this form I am confirming that I have read and fully understood the above declaration.

Signed Parent/Guardian 1

Signed Parent/Guardian 2.....

Date.....

Date

N.B. This form must be signed by the person who is in receipt of any of the qualifying benefit.

ELIGIBILITY CRITERIA 1 – DOES EITHER PARENT RECEIVE ANY OF THE FOLLOWING?						
IF YES PLEASE TICK RELEVANT BOX BELOW	\checkmark					
Universal Credit with an annual net earned income of no more than £7,400						
Income support						
Income based Jobseeker's Allowance (IBJSA)						
Income related Employment and Support Allowance (IRESA)						
Support under Part VI of the Immigration and Asylum Act 1999						
The guarantee element of Pension Credit						
 Child Tax Credit (with no Working Tax Credit) with an annual gross income of no more than £16,190, as assessed by HMRC 						
N.B. If you receive WORKING TAX CREDIT you do NOT qualify even if you receive child tax credit and your income is below £16,190						
 Working Tax Credit run-on (paid for the four weeks after you stop qualifying for Working Tax Credit) 						
CRITERIA 2 – APPLICATION FOR OTHER PUPIL PREMIUM						
 Is your child a looked-after child (LAC)? i.e. in the care of, or provided with accommodation by an English local authority? 						
Has your child ceased to be looked after by the local authority because of adoption a special guardianship order, a child arrangements order or a residence order?	n,					
 FOR PUPILS IN YEAR GROUPS RECEPTION TO YEAR 11 Are either or both parents regular members of HM Forces and designated as personal category 1 or 2 (PStat Cat 1 or 2), in the armed forces of another nation and stationed in England or in receipt of a child pension from the Ministry of Defen 	ce?					