

## 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 **CRITERIA 2** overleaf.

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

First Name
Date of Birth

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

Parent/Guardian 1

	National Insu Number OR	ırance												
National Asylum Support Service (NASS) Number				/	•		/	•						
ſ	Parent/Guardian 2													
ŀ	First Name	Last Name												
İ	Date of Birth  National Insurance Number OR		DD MM						YYYY					
	National Asylum Support Service (NASS) Number				/	•		/	•					
	Child(rens) Child 1 first & last name(s)			Year Group / Class	Child 2			Grou	Year Group / Class		Child 3		Year Group / Class	
l d he Fi	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.													
B	By signing this form I am confirming that I have read and fully understood the above declaration.													
Si	igned Parent	/Guardian	1			9	Signed	Parent/	Guard	ian 2				
D	DateDate													
	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 FOLLOWIN IF YES PLEASE TICK RELEVANT BOX BELOW	G? ✓
<ul> <li>Universal Credit with an annual net earned family income of no more than £7,400</li> </ul>	
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?	_
<ul> <li>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 Defence</li> </ul>	