

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.

Parent/Guardian 1

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

First Name		Last Name													
Date of Birth		DD			MN						YYYY				
National Insurance Number OR															
National Asylum Support Service (NASS) Number				/				/							
		Parent/Guardian 2													
First Name		Last Name													
Date of Birth			DD			MM		YYYY							
National Insurance Number OR															
National Asylum Support Service (NASS) Number				/				/		•					
Child(rens) first & last name(s)	rst & last		ear roup / lass	Child 2				Year Group / Class		Child 3			Year Group / 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															
N.B. This f	form must b	e signed b	y the pe	rson	who i	s in rec	eipt c	of an	y of the	qualify	ing bene	fit.			

ELIGIBILITY CRITERIA 1 – DOES EITHER PARENT RECEIVE ANY OF THE FOLLOWING?							
IF YE	S 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)						
CRIT	ERIA 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?	_					
•	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 Defence	 e?					