

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 students if parents meet the eligibility <u>CRITERIA 1</u> (attached). 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 students 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 students 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** (attached).

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 in and BLOCK CAPITALS and return to your school.

Child	Forename & Surname	Tutor Group
Child 1		
Child 2		
Child 3		

Parent/Guardian 1									
First Name					Surname				
Date of Birth	DD		MM			YYYY			
National Insurance	Letter	Letter	Number	Number	Number	Number	Number	Number	Letter
Number OR									
National Asylum Support Service (NASS) Number			/		/				

Parent/Guardian 2										
First Name						Surname				
Date of Birth		DD				MM			YYYY	
National Insurance	Letter	Letter	Num	ber	Number	Number	Number	Number	Number	Letter
Number OR										
National Asylum Support Service (NASS) Number			/			/				

DECLARATION:

I confirm that the details supplied are correct and agree that the school can use the information to process my application 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.

qualifying benefits.	
By signing this form I am confirming that I have read and fully	y understood the above declaration.
Signed Parent/Guardian 1:	Date:
Signed Parent/Guardian 1:	Date:
NB this form must be signed by the person who is in respect	of any of the qualifying benefits.

ELIGIBILITY CRITERIA – DOES EITHER PARENT RECEIVE ANY OF THE FOLLOW	NG?
If YES please tick relev	ant box ✓
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 V1 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 	
NB if you receive WORKING TAX CREDIT you do NOT quality even if you receive child tax credit and your income is below £16,190	
Working Tax Credit run-on (paid for the 4 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? 	
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? 	