

PUPIL PREMIUM REGISTRATION FORM

We need information about you and your child, so that we can provide them with the best education and support by making sure that their school receives all the government funding to which it is entitled. Please complete this form and return to your child's school.

ABOUT YOUR CHILD/CHILDREN

	Child's Last Name	Child's First Name	Child's Date of			Name of School

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1										Parent/Guardian 2									
Title (Mr/Mrs/Miss/Ms. etc.)																				
Last name																				
First Name																				
Date of Birth																				
National Insurance Number*																				
National Asylum Support Service (NASS) Number*																				
Daytime Telephone Number																				
Mobile Number																				
Address																				
	Postcode:										Postcode:									

* Complete as appropriate

FAMILY INCOME AND BENEFIT DETAILS

Is your TOTAL joint family income over E 16,190 per year or have you been awarded WORKING TAX CREDIT? (Please place an X in the appropriate box).

Yes

No

If you have ticked yes, you do not need to complete the next section and can go straight to the declaration at the end of the form.

If you ticked no, please place an X in this box if you are in receipt of any of the benefits listed below:

- * Income Support
- * Income-based Jobseekers Allowance
- * Income-related Employment and Support Allowance
- * Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999 • the guarantee element of State Pension Credit
- * Child Tax Credit (with no Working Tax Credit) with an annual income of no more than E16,190
- * Working Tax Credit run-on • Universal Credit.

Please place an X in this box if you are not sure whether your joint family income is over E 16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for free school meals:

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority using this information to process my application for Pupil Premium (free school meals) for the duration of their school life attending an LBBD school including any moves made during this time. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.

Signature of parent/guardian:.....

Date:.....

1 This includes those who have parental rights for the child/children named on this form.